

Request for Anesthesiologist Services

Date: [Insert Date]

To: [Anesthesiologist's Name]

[Anesthesiologist's Address]

[City, State, Zip Code]

Dear [Anesthesiologist's Name],

I hope this message finds you well. I am writing to formally request your services as an anesthesiologist for a scheduled surgery.

Details of the surgery are as follows:

- **Patient Name:** [Patient's Name]
- **Surgery Date:** [Scheduled Date]
- **Surgery Type:** [Type of Surgery]
- **Location:** [Surgery Facility/ Hospital Name]

We would greatly appreciate your expertise and care for this procedure. Please let us know if you are available on the specified date and if you require any further information.

Thank you for considering this request. We look forward to your positive response.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Your Institution/Organization Name]