

Gastrointestinal Examination Appointment Request

Date: [Insert Date]

To: [Doctor's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

Dear [Doctor's Name],

I am writing to request an appointment for a gastrointestinal examination. I have been experiencing [briefly describe symptoms, e.g., persistent abdominal pain, indigestion, etc.] and believe that a thorough evaluation is necessary.

Could you please provide available dates and times for the examination? I am flexible with my schedule and can adjust to an appointment that works best for you.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]