

# Request for Gastrointestinal Testing Appointment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request an appointment for gastrointestinal testing due to [briefly explain symptoms or reasons, e.g., persistent abdominal pain, changes in bowel habits]. I believe that these tests are necessary to determine the underlying issues and to guide appropriate treatment.

Could you please provide me with available dates and times for the testing? I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]