

Appointment Request for Sleep Therapy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Therapist's Name]

[Therapist's Office/Clinic Name]

[Office Address]

[City, State, Zip Code]

Dear [Therapist's Name],

I hope this message finds you well. I am writing to request an appointment for sleep therapy as I have been experiencing difficulties with my sleep patterns and believe that your expertise could greatly assist me.

Could you please let me know your availability for an initial consultation? I am open to appointments on [insert preferred days and times]. Thank you for considering my request, and I look forward to your prompt response.

Sincerely,

[Your Name]