

Inquiry for Sleep Disorder Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I hope this message finds you well. I am writing to inquire about the process for a sleep disorder assessment at your facility. I have been experiencing [briefly describe your symptoms, e.g., persistent fatigue, difficulty sleeping, snoring], and I believe it may warrant further evaluation.

Could you please provide me with information regarding:

- The types of assessments available
- The duration and process of the assessment
- Appointment availability and scheduling
- Any insurance or payment options

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]