

# Consultation Request

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Clinic/Hospital Name]

[Clinic/Hospital Address]

Dear Dr. [Doctor's Last Name],

I am writing to request a consultation regarding my health concerns. I have been experiencing [briefly describe symptoms or concerns] and would appreciate your expertise in evaluating my condition.

Please let me know your available dates and times for an appointment. I am looking forward to your guidance and support.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]