

# Preventive Care Consultation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to request a consultation for preventive care services. As part of my health management plan, I am very interested in discussing [specific preventive care services you are interested in, e.g., screenings, vaccinations, wellness exams].

Given my medical history and current health goals, I believe that preventive care is crucial in maintaining my overall well-being. I would appreciate the opportunity to discuss personalized recommendations and appropriate screenings during our meeting.

Could you please let me know your availability for a consultation? I am flexible with timing and can accommodate your schedule as needed.

Thank you for your attention to my request. I look forward to your prompt response.

Sincerely,

[Your Name]