

# Restless Legs Syndrome Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to schedule an assessment for Restless Legs Syndrome (RLS) as part of our ongoing efforts to address your health concerns.

Restless Legs Syndrome is a condition that can significantly impact your sleep and quality of life. This assessment will help us evaluate your symptoms and develop an effective treatment plan tailored to your needs.

Please let us know your availability for the assessment. We typically conduct these assessments at [Location] on [Days and Times]. If these times do not work for you, we will do our best to accommodate your schedule.

Feel free to reach out if you have any questions or need further information regarding the assessment process or what to expect.

Thank you for your attention to this matter. We look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Organization]