

Letter of Demand for Sleep Disorder Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a comprehensive assessment for sleep disorders. I have been experiencing [briefly describe symptoms, e.g., excessive daytime sleepiness, difficulty falling or staying asleep] for [duration] and believe that a professional evaluation is necessary to address these concerns.

Despite my attempts to manage these symptoms through [mention any self-tried remedies like lifestyle changes or over-the-counter medications], I have not seen any significant improvement. Therefore, I seek your expertise in conducting a thorough assessment which may include a sleep study and any other necessary evaluations.

Please find attached a note from my primary care physician, [Physician's Name], recommending that I pursue this assessment at your facility.

I appreciate your attention to this matter and look forward to your prompt response to schedule an appointment for the assessment.

Thank you for your assistance.

Sincerely,

[Your Name]