

# Request for Comprehensive Sleep Evaluation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Doctor's Name]

[Doctor's Office/Hospital Name]

[Office Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to formally request a comprehensive sleep evaluation due to my ongoing sleep issues, including [briefly describe your symptoms, e.g., excessive daytime sleepiness, insomnia, snoring, etc.]. These symptoms have been affecting my daily life, and I believe a thorough evaluation is necessary to identify any underlying conditions.

Please let me know the next steps to arrange this evaluation at your earliest convenience. I appreciate your attention to this matter.

Thank you for your support.

Sincerely,

[Your Name]