

Request for Consultation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]

[Doctor's Name]

[Clinic or Hospital Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request a consultation regarding a sleep disorder that I have been experiencing. I have been facing issues such as [briefly describe your symptoms, e.g., insomnia, excessive daytime sleepiness, snoring, etc.] for the past [duration]. These difficulties have significantly affected my daily life and overall well-being.

Based on my research and discussions with healthcare professionals, I believe that a thorough evaluation by a specialist in sleep disorders would be beneficial. I would like to discuss possible diagnostic tests, treatment options, and any lifestyle changes that may help.

Please let me know if you have availability for a consultation. I appreciate your attention to my request and look forward to your response.

Thank you for your time.

Sincerely,

[Your Name]