

Travel Health Consultation Request

Date: [Insert Date]

To: [Doctor's Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am planning to go on a cruise starting on [Insert Start Date] and would like to request a travel health consultation to discuss necessary vaccinations, health precautions, and any other recommendations for my trip.

Details of my cruise are as follows:

- **Departure Port:** [Insert Departure Port]
- **Destinations:** [Insert Destination(s)]
- **Duration:** [Insert Number of Days]

Please let me know your availability for an appointment prior to my departure date. Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]