

Request for Sleep Disorder Evaluation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Doctor's Office Name]

[Office Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request an evaluation for a sleep disorder due to ongoing difficulties I have been experiencing with my sleep.

For the past [duration], I have been experiencing symptoms including [list symptoms, e.g., excessive daytime sleepiness, trouble falling asleep, frequent awakenings, etc.]. These issues have significantly impacted my daily life, including my productivity at work and my overall well-being.

Given these concerns, I believe it is important to undergo a comprehensive sleep evaluation to determine the underlying causes and appropriate treatment options. I kindly request your assistance in facilitating this process.

Please let me know how we can proceed with this evaluation or if there are any forms or procedures I need to complete in advance.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]