

# Request for Gastrointestinal Health Evaluation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request a gastrointestinal health evaluation due to [briefly explain your symptoms or concerns, e.g., persistent abdominal pain, discomfort, changes in bowel habits, etc.].

Given the ongoing nature of these symptoms, I believe it is essential to undergo a thorough evaluation to determine any underlying issues related to my gastrointestinal health.

I would appreciate it if you could schedule an appointment at your earliest convenience. Please let me know if you require any additional information or if there are preliminary steps I should take before the evaluation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]