

# Request for Hearing Loss Evaluation Appointment

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

Dear [Recipient's Name],

I am writing to request an appointment for a hearing loss evaluation. I have been experiencing difficulties with my hearing, including [briefly describe symptoms, e.g., increased difficulty understanding conversations, ringing in the ears, etc.], and it is affecting my daily activities.

Given the importance of addressing this issue, I would appreciate the earliest available appointment for an evaluation. Please inform me about the available dates and times at your convenience.

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

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]