

Request for Treatment Price Quote

Date: **[Insert Date]**

To: **[Recipient's Name]**

[Recipient's Position]

[Hospital/Clinic Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a detailed price quote for the following treatment:

- **Treatment Name:** [Insert Treatment]
- **Duration:** [Insert Duration]
- **Expected Date of Treatment:** [Insert Date]
- **Any Additional Services:** [List Services if Applicable]

Additionally, I would appreciate information regarding payment options, insurance acceptance, and any other fees that may be involved.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]