

Orthopedic Consultation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Orthopedist's Name]

[Orthopedic Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear Dr. [Orthopedist's Last Name],

I am writing to request an orthopedic consultation for a foot and ankle issue I have been experiencing. I have been suffering from [briefly describe symptoms, e.g., persistent pain, swelling, reduced mobility, etc.] for the past [duration of symptoms], which has affected my daily activities.

After initial evaluations and treatments, including [mention any previous treatments if applicable], I believe it is necessary to seek specialized help to address these concerns.

I would greatly appreciate your expertise in evaluating my condition and recommending appropriate management. Please let me know your availability for an appointment at your earliest convenience.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]