

# Travel Medicine Consultation Request

Date: [Insert Date]

To: [Doctor's Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

Dear [Doctor's Name],

I am writing to request a travel medicine consultation for my upcoming trip to [Destination]. I plan to travel from [Start Date] to [End Date] and will be visiting [List of cities/regions].

I am particularly concerned about the following health risks:

- [Health Concern 1]
- [Health Concern 2]
- [Health Concern 3]

Please advise on appropriate vaccinations, medications, and any other precautions I should take prior to and during my travels.

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

Sincerely,

[Your Name]

[Your Contact Information]