

Patient ID: 781821

City: Delhi

Harmony Multispeciality Delhi

Email: aditya.desai@example.com

Phone: +91-9123456780

Date: 05/12/2025

To

Dr. Singh Patil

Harmony Multispeciality Delhi

Gastroenterology Department

Subject: Request for Gastroenterology Consultation

Dear Dr. Patil,

I would like to request a consultation regarding maternity-related care I require. Kindly let me know if I can schedule an appointment at your earliest convenience for a detailed evaluation.

Thank you for your time and expertise.

Sincerely,

Aditya Desai