

Patient ID: 864512

City: Bangalore

GreenLeaf Hospital Bangalore

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Date: 05/12/2025

To

Dr. Priya Nair

GreenLeaf Hospital Bangalore

Cardiology Department

Subject: Request for Cardiology Consultation

Dear Dr. Nair,

I would like to request a consultation regarding heart-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,

Rohan Mehta