

Patient ID: 911245

City: Hyderabad

Healing Touch Hospital Hyderabad

Email: arjun.reddy@example.com

Phone: +91-9122334455

Date: 05/12/2025

To

Dr. Sneha Iyer

Healing Touch Hospital Hyderabad

Orthopedics Department

Subject: Request for Orthopedic Consultation

Dear Dr. Iyer,

I would like to request a consultation regarding bone/joint-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,

Arjun Reddy