

Patient ID: 823567

City: Kolkata

CityCare Hospital Kolkata

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Phone: +91-9876654321

Date: 05/12/2025

To

Dr. Rajesh Malhotra

CityCare Hospital Kolkata

ENT Department

Subject: Request for ENT Consultation

Dear Dr. Malhotra,

I would like to request a consultation regarding ENT-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,

Meera Kapoor