

Dear _____,

I am writing for my patient, _____, who has been in my care since _____. As their _____, I have conducted a thorough assessment and determined that said patient is experiencing the medical condition/s listed below, which significantly impact/s the patient's ability to _____, thus meeting the definition of disability under the Americans with Disability Act.

List of medical condition/s:

I have attached relevant medical records, test results, and treatment plans supporting my assessment.

The purpose of this letter is to request:

_____ for the aforementioned patient.

Should you require additional information or documentation, please do not hesitate to contact me at _____.

I appreciate your prompt attention to this matter.

Sincerely,