

SAMPLE LETTER FROM DOCTOR ABOUT MEDICAL CONDITION

[Date]

[Patient's Name]

[Patient's Address]

[City, State ZIP Code]

Dear [Recipient's Name],

I am writing to provide information about the medical condition of [Patient's Name]. [He/She] has been under my care for [length of time] for [diagnosis]. [His/Her] condition is [chronic/acute] and requires ongoing treatment.

[Patient's Name] has been experiencing symptoms such as [list symptoms]. These symptoms have [affected his/her ability to work or participate in other activities/required accommodations]. [He/She] has been receiving [treatment], which has [improved/stabilized/not improved] [his/her] condition.

Based on [his/her] medical condition, I recommend the following accommodations [list accommodations]. These accommodations will help [Patient's Name] [function at work or school/perform daily activities].

Please let me know if you require any further information or documentation. Thank you for your attention to this matter.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]