

Doctor Disability Letter

Your Clinic/Hospital Letterhead:

Patient's name Roland Mutt

Date of birth: March 10, 1985

Address: 123 Maple Street

City, state, ZIP code: Springfield, IL, 62704

Date: December 11, 2023

Recipient (Insurance Company/Legal Entity/Employer's Name):

ABC Insurance Company

Subject: Disability Claim for Roland Mutt

Dear Claims Officer,

I am writing for my patient, Roland Mutt, who has been in my care since October 2023. As their physician, I have conducted a thorough assessment and determined that Roland is experiencing concussion, fractured left arm, and lower back, which significantly impacts Roland's ability to perform manual labor and other daily activities, thus meeting the definition of disability under the Americans with Disabilities Act.

List the Medical Conditions:

- concussion
- fractured left arm
- lower back injury

I have attached relevant medical records, test results, and treatment plans supporting my assessment. The purpose of this letter is to request [text field: specific request, e.g., disability benefits, legal recognition, workplace accommodations] for the aforementioned patient.

If you require additional information or documentation, please do not hesitate to contact me at 555-123-4567 or at dr.tsands@email.com.

I appreciate your prompt attention to this matter.

Sincerely,

Signature:

Full Name: Dr. Twyla Sands

Physician/surgeon/psychologist/etc.: Physician

License number: MD123456

Your Clinic/Hospital Name: Tropical Medical Center

Your Contact Information: 555-123-4567, dr.tsands@email.com