

Doctor Disability Letter

Your Clinic/Hospital Letterhead:

Patient's name

Date of birth:

Address:

City, state, ZIP code:

Date:

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

Subject:

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 _____ is experiencing _____, which significantly impacts _____ ability to _____, thus meeting the definition of disability under the Americans with Disabilities Act.

List the Medical Conditions:

- _____
- _____
- _____

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

I appreciate your prompt attention to this matter.

Sincerely,

Signature:

Full Name:

Physician/surgeon/psychologist/etc.:

License number:

Your Clinic/Hospital Name:

Your Contact Information: