[Date]

[Your name]
[Your clinic/hospital's name]
[Address]
[Email address]

[Recipient's name]
[Company/organization's name]
[Address]
[Email address]

Dear [Recipient's name]:

I am writing for my patient, [Name of patient], who has been in my care since [Date]. As their [Position], 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 [Activity/performance affected], thus meeting the definition of disability under the Americans with Disability Act.

List of medical condition/s:
1. [Medical condition]
2. [Medical condition]
3. [Medical condition]
4. [Medical condition]
5. [Medical condition]

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

Should you require additional information or documentation, please do not hesitate to contact me at [Phone number and/or email here].

I appreciate your prompt attention to this matter.

Sincerely,

[Signature field]
[Your full name]
[Your title/position]