

Inquiry for Wheelchair Accessibility

Date: [Insert Date]

[Recipient's Name]

[Clinic's Name]

[Clinic's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the wheelchair accessibility features at [Clinic's Name]. As an individual with mobility challenges, it is essential for me to understand the accommodations available at your facility.

Could you please provide information regarding the following:

- Entrance accessibility
- Available ramps or elevators
- Restroom facilities
- Accessibility of treatment rooms

Thank you for your attention to this matter. I look forward to your prompt response.

Best regards,

[Your Name]

[Your Contact Information]