

Request for Wheelchair Access

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Hospital's Name]

[Hospital's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request wheelchair access at [Hospital's Name]. Due to my current health condition, I require appropriate access to ensure my safety and comfort during my visits.

Specifically, I would like to inquire about the availability of wheelchair ramps, elevators, and accessible restrooms within the facility. Additionally, I would appreciate information regarding the hospital's policies for patients with mobility challenges.

Thank you for your attention to this matter. I look forward to your prompt response and the assurance that my needs will be considered.

Sincerely,

[Your Name]