

Request for Wheelchair Accessibility

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request wheelchair accessibility accommodations at [Medical Facility Name]. Due to my mobility challenges, it is essential for me to access your facility comfortably and safely.

Specifically, I would appreciate information regarding the following:

- Entrance accessibility and available ramps
- Accessible restrooms
- Appointment scheduling assistance

It is important for me to receive medical services without barriers and I hope you can assist with this request. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]