

Healthcare Appointment Accessibility Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Healthcare Provider's Name]

[Address of the Healthcare Provider]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request accommodations for accessibility regarding my upcoming healthcare appointment scheduled for [Date of Appointment] at [Time]. As a patient with [specific disability or needs], I would greatly appreciate any necessary adjustments to ensure my visit is as comfortable and effective as possible.

Specifically, I request the following accommodations:

- [Specify accommodation, e.g., wheelchair access, interpreter services, etc.]
- [Specify another accommodation, if applicable]

Please let me know if any additional information is needed or if there are forms I need to complete. I appreciate your attention to this matter and your commitment to providing accessible healthcare.

Thank you for your understanding and assistance.

Sincerely,

[Your Name]