

Appeal for Memory Care Assessment Findings

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the findings from the recent memory care assessment conducted on [Date of Assessment] regarding my [relation, e.g., father/mother, etc.], [Patient's Name]. After reviewing the assessment results, I believe there are discrepancies that warrant further consideration.

Specifically, I would like to address the following points:

- Point 1: [Brief explanation]
- Point 2: [Brief explanation]
- Point 3: [Brief explanation]

Given the significant impact these findings have on the care plan and overall well-being of [Patient's Name], I kindly request a reevaluation of the assessment or an explanation of the assessment protocol used during the evaluation.

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

Sincerely,

[Your Name]