

Letter of Appeal for Improved Medical Attention

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for better medical attention regarding my recent experience at [specific department or service]. My name is [Your Name] and I am currently a patient at your facility.

On [date of visit], I underwent [brief description of the medical procedure or consultation]. I appreciate the staff's efforts; however, I believe that the level of care I received did not meet the standards that I expected.

Specifically, [describe the issue with care received, e.g., lack of timely attention, insufficient communication, inadequate treatment]. These experiences have significantly impacted my health and overall well-being.

Therefore, I kindly request a review of my case and an improvement in the services provided to ensure that all patients receive the highest standard of care. I am hopeful that measures can be implemented to prevent this from happening in the future.

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]