

Letter of Demand for Duplicate Medical Certification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a duplicate copy of my medical certification that was issued on [original date of issue] for [specific purpose, e.g., employment, insurance, etc.]. Unfortunately, I have misplaced the original document and urgently require a duplicate for my records.

For your reference, my details are as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Patient ID (if applicable):** [Your Patient ID]

Please let me know if any forms or identification are needed to process my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]