

# Assistance for Selecting Mobility Devices

Date: [Insert Date]

Dear [Patient's Name],

We hope this letter finds you well. At [Your Institution/Organization Name], we are dedicated to ensuring that our patients have access to the appropriate mobility devices that best suit their individual needs.

To assist you in selecting the right mobility device, we recommend considering the following options:

- Wheelchairs (manual or powered)
- Walkers
- Canes
- Mobility scooters

Please schedule a consultation with our occupational therapist, who will help assess your mobility requirements and guide you through the process of choosing a device. You can contact us at [Phone Number] or [Email Address] to set up an appointment.

Thank you for allowing us the opportunity to assist you in your mobility needs. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization Name]

[Contact Information]