

Mobility Aids Availability

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We are pleased to inform you about the availability of mobility aids tailored to your specific needs. Based on our assessment, we have determined the following aids that may enhance your mobility and overall quality of life:

- **Wheelchair:** [Details about the wheelchair, including type and features]
- **Walker:** [Details about the walker, including type and features]
- **Canes:** [Details about the canes, including type and features]
- **Bathroom Aids:** [Details about any relevant bathroom aids]

Please let us know your preferences or if you have any questions regarding these options. We are here to support your mobility needs.

Best regards,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]