

Letter Template: Resources for Patient Mobility Assistance

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

City, State, Zip: [City, State, Zip Code]

Dear [Patient's Name],

We hope this letter finds you in good health. As part of our commitment to supporting your mobility needs, we are providing you with a list of resources that can assist you in improving your mobility and enhancing your quality of life.

Mobility Assistance Resources:

- **Physical Therapy:** Contact [Local Physical Therapy Clinic Name] at [Contact Number].
- **Mobility Equipment Rentals:** [Company Name] offers wheelchair and walker rentals. You can reach them at [Contact Number].
- **Community Support Groups:** Join a local support group through [Organization Name] at [Website or Contact Information].
- **Transportation Services:** [Service Name] provides accessible transportation for medical appointments. Call [Contact Number] for more information.

We encourage you to reach out to these resources to assist you in your mobility journey. Please do not hesitate to contact us if you have any questions or need further assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]