

Patient Mobility Enhancement Request

Date: [Insert Date]

To: [Insert Recipient Name]

Title: [Insert Recipient Title]

Institution: [Insert Institution Name]

Address: [Insert Institution Address]

Dear [Recipient Name],

I am writing to formally request enhancements to the mobility options available to patients at [Insert Institution Name]. Currently, our patients face significant challenges in accessing mobility resources, which adversely affects their overall recovery and quality of life.

Specifically, I propose the implementation of the following enhancements:

- Increased availability of mobility aids such as walkers, wheelchairs, and crutches.
- Dedicated staff training for mobility assistance protocols.
- Regular assessments of patients' mobility needs.

These improvements will not only benefit patient outcomes but also enhance the efficiency of healthcare delivery within our facility.

I appreciate your attention to this important matter and look forward to discussing this proposal further.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]