

Durable Medical Equipment Upgrade Request

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Company/Organization: [Recipient's Organization]

Address: [Recipient's Address]

Dear [Recipient's Name],

I am writing to formally request an upgrade to my current durable medical equipment (DME). My name is [Your Name], and I am a patient under the care of [Your Doctor's Name] at [Your Clinic/Hospital Name]. My medical history includes [briefly describe relevant medical conditions or needs].

Based on my recent evaluations and ongoing treatment, I believe that an upgrade to [specific equipment] is necessary for my health and well-being. This equipment will help me [describe how the upgrade will benefit you, e.g., improve mobility, enhance daily living activities, decrease pain, etc.].

I have attached relevant documentation, including prescriptions and recommendations from my healthcare provider to support my request. I would appreciate your prompt attention to this matter and hope for a favorable response.

Thank you for considering my request. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]