

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Title/Position]
[Organization/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Disability Evaluation

I hope this letter finds you well. I am writing to formally request a comprehensive disability evaluation regarding my current condition. My details are as follows:

****Personal Information:****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Claim Number (if applicable): [Your Claim Number]

****Medical History:****

- Diagnosis: [Your Diagnosis/Condition]
- Date of Onset: [Date your condition began]
- Treatment History: [Brief summary of treatments received]

****Effects of Condition:****

- Daily Limitations: [Describe how your condition affects daily activities]
- Employment Impact: [Describe how your condition affects your ability to work]

****Supporting Documentation:****

- Enclosed are relevant medical documents, including:
 1. [Document Title/Type - e.g., Diagnosis Report]
 2. [Document Title/Type - e.g., Treatment Summary]
 3. [Document Title/Type - e.g., Test Results]

I kindly request that you review my case for a comprehensive evaluation and any necessary assessments to determine the extent of my disability. I am prepared to provide any further information needed and am willing to participate in any evaluations required.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]