

[Your Name]
[Your Title/Position]
[Your Organization/Team Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[UFC Organization Name]
[Address]
[City, State, Zip Code]
Dear [Recipient Name],
Subject: Injury Report for [Fighter's Name]
I am writing to formally report on the current injury status of
[Fighter's Name], participant in [Event Name, Date].
Date of Injury: [Date of Injury]
Nature of Injury: [Brief Description of Injury]
Diagnosis: [Medical Diagnosis if applicable]
Current Treatment: [Details of ongoing treatment]
Expected Recovery Time: [Estimated Recovery Period]
Recommended Action: [Any recommendations regarding fight eligibility or
modifications]
Please let us know if further documentation or details are required.
Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Title/Position]
[Your Organization/Team Name]
[Signature (if sending a hard copy)]