

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

Dear [Recipient's Name],

I am writing to provide my full support for [Patient's Name], who is currently managing a diagnosis of sleep apnea. As someone who has witnessed [him/her/them] cope with this condition, I would like to highlight the challenges faced and the importance of appropriate accommodations for [his/her/their] health and well-being.

[Patient's Name] has consistently demonstrated resilience and determination in adapting to the management of sleep apnea. However, this condition often leads to [briefly describe symptoms and their effects, e.g., excessive daytime sleepiness, difficulty concentrating, etc.]. These symptoms can significantly hinder [his/her/their] daily activities and overall quality of life.

It is crucial for [Patient's Name] to receive support in the form of [specific accommodations, e.g., flexible work hours, rest breaks, the option to work from home, etc.]. Implementing these adjustments can greatly aid in [his/her/their] ability to manage [his/her/their] condition while maintaining productivity.

Thank you for considering the necessary support for [Patient's Name]. I truly believe that with the right accommodations, [he/she/they] will continue to thrive and make valuable contributions.

Sincerely,

[Your Name]
[Your Position/Relationship to Patient]