[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Department]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Subject: Formal Appeal for Medical Exception - [Patient Name]

Dear [Recipient Name],

I am writing to formally appeal the denial of my request for a medical exception regarding [Specific Requirement/Treatment/Medication]. This appeal is based on a documented medical contraindication that poses a significant risk to my health.

My healthcare provider, [Doctor's Name], has determined that [Requirement] is medically contraindicated for me due to the following condition(s):

- [List specific medical condition or allergy]
- [List specific previous adverse reaction, if applicable]

According to [Clinical Guidelines/Manufacturer Labels], the use of [Requirement] in individuals with my specific medical profile is not recommended and could result in [Description of potential health risks].

Attached to this letter, please find supporting documentation, including:

- A signed statement from my physician detailing the contraindication.
- Relevant medical records and lab results.
- [Any other supporting evidence].

I request that you review this clinical evidence and grant a medical exception immediately. I am available to provide further information if necessary and look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]