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

[Date]

[Recipient Name]
[Recipient Title/Department]
[Organization Name]
[Organization Address]

Subject: Request for Large Print Materials Due to Temporary Visual Impairment

Dear [Recipient Name],

I am writing to formally request that all future correspondence and documents related to my account/case (Account Number: [Your Account Number]) be provided in a large print format.

Due to a temporary medical condition affecting my vision, I am currently unable to read standard-sized text. I expect this impairment to last until approximately [Estimated Date of Recovery].

To ensure I can continue to review and respond to your communications accurately, please provide all materials in [Specify Font Size, e.g., 18-point or 24-point] bold font. If electronic versions are available that allow for easy magnification, please let me know.

I have attached a brief note from my healthcare provider confirming my temporary need for this accommodation.

Thank you for your assistance and for ensuring that your services remain accessible to me during this time. Please confirm once this request has been processed.

Sincerely,

[Your Signature]

[Your Printed Name]