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

[Date]

Federal Aviation Administration
Civil Aerospace Medical Institute
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125

Subject: Submission of Required Documentation for Special Issuance Medical Certification

To Whom It May Concern,

I am writing to provide the necessary medical documentation as required by my Authorization for Special Issuance of a Medical Certificate dated [Date of FAA Letter].

In accordance with the requirements set forth in my authorization, I have enclosed the following documents for your review:

- Detailed clinical status report from my treating physician, [Doctor's Name], regarding [Specific Condition].
- Results of [Specific Test/Lab Work/Imaging] performed on [Date].
- A current list of all medications and dosages.
- [Additional Required Document 1]
- [Additional Required Document 2]

My goal is to demonstrate continued stability of my medical condition and compliance with all FAA safety standards. I have remained symptom-free and have had no adverse reactions to my current treatment plan.

I hope the enclosed information is sufficient for the renewal of my [First/Second/Third] Class Medical Certificate. Please contact me if any further information or clarification is required.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]