

[Date]
[Doctor Name/Medical Professional Name]
[Clinic/Facility Name]
[Address Line 1]
[City, State, Zip Code]

RE: Clarification of Medical Certification for [Patient Full Name]

Dear [Dr. Last Name],

We are writing to request further clarification regarding the medical certification/documentation provided on [Date of Original Document] for the above-referenced patient.

To process [Patient Name]'s request for [Reason: e.g., FMLA, Disability Leave, Workplace Accommodation], we require additional information regarding the following points:

- [Specific Point of Clarification 1]
- [Specific Point of Clarification 2]
- [Specific Point of Clarification 3]

Please provide the requested details by [Deadline Date] to ensure there is no delay in the evaluation of this claim. You may provide this information by updating the original form or by attaching a separate letter on your official clinic letterhead.

A signed medical release authorization from the patient is attached to this request.

Thank you for your assistance in this matter.

Sincerely,

[Your Name/Signature]
[Title/Organization]
[Phone Number]
[Email Address]