[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

To: [Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Notice of Incomplete Servicemember Medical Certification

Dear [Patient Name],

We are writing to inform you that we have received the request for a Servicemember Medical Certification (FMLA/Military Caregiver Leave) for your recent evaluation. However, upon review, the documentation is currently incomplete.

To process your certification accurately, the following missing information is required:

- [Specify missing item, e.g., Date of onset of the condition]
- [Specify missing item, e.g., Probable duration of the condition]
- [Specify missing item, e.g., Description of medical facts]
- [Specify missing item, e.g., Physician signature/Date]

Please contact our office or schedule a follow-up appointment by [Date] to provide this information. We cannot finalize the certification for your employer or the Department of Labor until these sections are completed.

If you have any questions, please contact our medical records department at [Phone Number].

Sincerely,

[Provider Name or Clinic Administrator]
[Title]
[Clinic Name]