Date: [Date]

TO: [Commander's Name/Supervisor Name]
ORGANIZATION: [Unit/Department]
RE: Letter of Medical Necessity for Caregiver Leave

Patient Name: [Servicemember Name]

Date of Birth: [DOB]

DOD ID Number: [ID Number]

To Whom It May Concern,

I am the primary treating physician for the above-named servicemember. This letter serves to formally document the medical necessity for [Caregiver Name] to provide essential care and assistance to the servicemember due to a serious injury or illness incurred in the line of duty.

Clinical Status:
The servicemember is currently undergoing treatment for [Brief Description of Medical Condition/Diagnosis]. As a result of this condition, the patient is unable to perform basic activities of daily living and requires 24-hour supervision and assistance.

Necessity of Care:
The presence of a designated caregiver is medically necessary to provide the following support:

- Assistance with mobility and physical therapy exercises.
- Management and administration of prescribed medications.
- Transportation to and from frequent medical appointments.
- Monitoring for post-operative complications or changes in mental health status.
- Assistance with basic hygiene and nutritional needs.

Estimated Duration:
It is my professional medical opinion that the servicemember will require this level of care beginning on [Start Date] and lasting until approximately [End Date/Re-evaluation Date].

Should you require further information regarding this request, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical Specialty]
[Medical Facility Name]
[Contact Information]