[Date]

[Servicemember Name]
[Address Line 1]
[Address Line 2]

Subject: Denial of Medical Certification Request

Dear [Servicemember Rank and Last Name],

We are writing to inform you that your request for medical certification regarding [Specific Request/Duty Status] has been denied at this time.

This decision is based on insufficient medical documentation provided to support the requested status. To process your certification, the following information is missing or requires further clarification:

- [List specific missing document, e.g., specialist evaluation]
- [List specific missing document, e.g., diagnostic test results]
- [List specific missing document, e.g., detailed clinical notes]

Please submit the required documentation to this clinic no later than [Date]. Once the additional information is received, we will re-evaluate your file.

If you have questions regarding this notice or need assistance in obtaining the necessary records, please contact our administrative office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Medical Officer/Administrator]
[Title/Rank]
[Clinic Name]