[Date]

[Healthcare Provider Name]
[Medical Facility Name]
[Address Line 1]
[City, State, Zip Code]

RE: Periodic Medical Status Update for Covered Servicemember

Patient Name: [Servicemember Name]

Date of Birth: [DOB]

Dear [Healthcare Provider Name],

Our employee, [Employee Name], is currently on leave to care for the above-named covered servicemember under the Family and Medical Leave Act (FMLA). As part of our periodic leave management process, we require a medical status update regarding the servicemember's condition and the continued need for care.

Please provide an update on the following information:

- Current medical status related to the serious injury or illness.
- Estimated frequency and duration of the required care.
- Anticipated date of recovery or change in care requirements.

Please return this information to the [Human Resources Department/Contact Person] via fax at [Fax Number] or email at [Email Address] by [Due Date].

Thank you for your cooperation and for the care you provide to our service members.

Sincerely,

[Your Name]
[Title]
[Company Name]