

Date: [Insert Date]

To: [Recipient Name/Organization/Social Security Administration]

Address: [Recipient Address]

RE: Medical Support Letter for [Patient Full Name]

Date of Birth: [Patient DOB]

Patient ID: [Patient ID Number]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], who is currently under the care of the Cardiology Department at [Facility Name] for the treatment of [Specific Diagnosis, e.g., Congestive Heart Failure, Coronary Artery Disease].

Clinical Diagnosis and Treatment:

The patient has been diagnosed with [Diagnosis] as evidenced by [Diagnostic Tests, e.g., Echocardiogram, Stress Test, Cardiac Catheterization]. Current treatment includes [List Medications, Surgical Procedures, or Rehabilitative Therapy]. Despite compliance with the prescribed medical regimen, the patient continues to experience [Symptoms, e.g., Dyspnea, Fatigue, Angina, Syncope].

Functional Limitations:

Due to their cardiac condition, the patient is significantly limited in their ability to perform daily activities. Specific restrictions include:

- Inability to lift or carry objects weighing more than [X] pounds.
- Inability to stand or walk for more than [X] minutes without rest.
- Requirement for frequent rest periods due to severe fatigue and shortness of breath.
- Restricted from environments involving extreme temperatures or high stress.

Disability Support Recommendation:

Based on the objective clinical findings and the patient's functional impairment, it is my professional medical opinion that [Patient Name] is unable to maintain gainful employment at this time. Their condition is [Permanent/Long-term] and requires ongoing specialized cardiac monitoring and intervention.

I strongly recommend that the patient be granted [Disability Benefits/Workplace Accommodations/Support Services] to assist with their medical and financial needs during this period of illness.

Should you require further medical documentation or clarification, please do not hesitate to contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
Department of Cardiology
[Facility Name]