

**Date:** [Insert Date]

**To:** Department of Motor Vehicles / Agency of Transportation

**From:** [Physician's Name/Medical Clinic Name]

**Subject:** Medical Certification for Disabled Person Parking Placard

To Whom It May Concern,

I am writing to formally certify the medical necessity for a disabled person parking placard for my patient, **[Patient Full Name]**, born on **[Patient Date of Birth]**.

The patient is currently under my care for a permanent physical disability. Specifically, the patient is an **amputee** with a loss of use of a lower extremity (**[Specify Left/Right/Bilateral Leg]**), which significantly impairs their ability to ambulate.

Due to this condition, the patient meets the legal criteria for a parking permit as they cannot walk 200 feet without stopping to rest or without the assistance of a prosthetic device or mobility aid.

Based on the clinical diagnosis, I recommend that the patient be issued a **permanent** disabled parking placard.

Should you require any further information or verification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

**[Physician Full Name, MD/DO]**

[Medical License Number]

[Clinic/Hospital Name]

[Clinic Address]