

Medical Care Request Letter

[Your full name]

[Your mailing address]

[City, State ZIP] | [Phone / email]

[Date]

Health Services Administrator / Medical Unit

[Facility name]

[Facility address]

RE: Request for medical evaluation and care - [patient full name], ID #[number], Housing unit [unit]

Dear Health Services Administrator:

I am requesting medical attention for the following problem: [describe symptoms or condition]. It began on [date] and has [stayed the same / worsened]. It affects my daily activities in the following ways: [brief examples].

I have previously sought care for this problem as follows: [sick-call slips, dates, visits, medications tried, and what happened]. [If applicable: I have a documented history of this condition / current prescriptions: list.]

I ask to be scheduled for an evaluation and to receive appropriate treatment. If my request cannot be granted, please tell me in writing the reason and what alternative is available. If my condition is urgent, I ask that it be treated with appropriate priority.

Note: where your facility uses a sick-call or electronic request system, submit this request through that system first and use this letter as a follow-up record.

Sincerely,

[Signature]

[Printed name] Date: [date]

This is a general-purpose template provided by PrisonerRights.org for convenience. It is NOT an official government form and it is not legal advice. Policies, required forms and deadlines vary by state, agency and facility - always check the rules of the specific facility or agency first, use the official form where one exists, and consider consulting a qualified attorney. Replace every [bracketed] item with your own information before sending, and keep a copy of everything you submit.