

HEALTHCARE ACCOMMODATIONS REQUEST



DEAF
SERVICES
UNLIMITED

To whom it may concern,

I hope this letter finds you well. I am writing to you today to inform you that I am interested in utilizing your healthcare services and am in need of accessibility accommodations.

I am a person who is Deaf and I rely on American Sign Language (ASL) to communicate effectively with hearing individuals.

I kindly request that an ASL interpreter be provided during my appointment to facilitate clear communication between us. Having an interpreter present will ensure that I can fully understand the information provided and any instructions given during the appointment.

Please let me know the availability of your schedule and the ASL interpreter so that we can arrange a suitable time for the appointment. I appreciate your attention to this matter and look forward to hearing back from you soon to confirm the appointment details.

Thank you for your understanding and assistance in accommodating my communication needs.

Sincerely,

Name:
Phone #:
Email Address:

