PRACTICE/HOSPITAL LETTERHEAD

[Date]

To: [Landlord Name, Address]

RE: [Patient’s Name]

To Whom It May Concern:

My name is \_\_\_\_\_\_\_\_\_\_\_. I am a physician at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am writing regarding PATIENT, who is a # year old who lives at ADDRESS including APT# in a building you manage. I have managed and overseen their \_\_CONDITION\_\_ for \_\_TIME\_\_\_ and have seen how it has been exacerbated in the summer months because of the extreme heat and lack of air conditioning (AC) in his/her home, leading me to conclude that he/she is at risk of (exacerbation/hospitalizations/absences from school) if these conditions remain unchanged.

Excessive heat can be dangerous to health- it can cause heart attacks, organ failure, and death. Certain populations are more vulnerable—including elderly, babies, children, pregnant women, and those with chronic medical conditions like my patient with \_\_condition\_\_. Access to air conditioning is a critical component of keeping patients healthy and stable.

By law your tenant is entitled to safe and habitable housing. It is imperative for the health and well-being of my patient and your tenant, that these unsafe and unhealthy conditions be remedied immediately.

You may contact me at \_\_\_\_\_\_\_ if you have any additional questions.

Sincerely,

[Treating Physician’s Signature]

[Physician’s Phone Number]

[Physician’s Email]