



Union Square Medical Associates
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Physician Letter/Form Request

Patient's Name and DOB: _____

Date: _____

Purpose of letter/form: _____

Deadline Date: _____

Fax/mail the letter to: (full name and address)

Key points to address:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

If letter is for **disability/unemployment**, answer the following:

- 1) Please state date disability began.

- 2) How does your condition affect daily activities?

- 3) Symptoms?

- 4) Are you able to understand and carry out instructions?

- 5) Ability to adjust to stressful environments?

- 6) Any other physical or psychological restrictions?

Fees for Physician Letters/Forms- Letters/forms are completed within **7-10 business days** of request.

\$25 – Simple: Letters for jury duty, work/school excuse, DMV forms

\$50 – Standard: EDD/SSDI forms, travel/airline letters, insurance letters/forms

\$150 – Complex: Lyme Grants, work/school accommodations, medical leave of absence

\$250 – Comprehensive: Insurance/ SSDI/ Medication/ Lab Work appeals

Expedited letters will have a higher cost, please ask the Office Manager for more information.