

Dear Treating Physician:

I have filed a claim for Social Security Disability Benefits and am in the process of developing medical evidence that supports my inability to maintain employment on a full-time basis, 40 hours per week. This involves obtaining the opinions of my treating Physicians. Social Security Disability is a non-adversarial process and you will not be subpoenaed to testify.

Please complete the attached form to the best of your ability. If you are not able to assess a particular item, simply draw a line through it and mark "N/A". This form **DOES NOT** require you to have any specialized disability assessment training; just simply that you are my treating physician. **MD/DO/PhD (Psychology-related) credentials are required. PA's and NP's may participate; however, where possible, finished document(s) must be endorsed by the Physician Supervisor.**

Thank you so much for participating in my care. Please do not hesitate to call me at any time with any questions you may have.

Very Truly Yours,

Print Full Name

Date of Birth

Signature

Date