[Date of Request]

**NAME OF CHAIR, MD, FPCP**

Chair, Committee on Credentials and Membership

Philippine College of Physicians

Dear Dr. [Name of Chair],

This is a letter endorsing to your good office, Dr. [state complete name of PCP Diplomate/Fellow], for medical assistance. He /She is practicing as an [*e.g., internist and cardiologist*] at [state institution *e.g., Philippine General Hospital*]for [state number of years *e.g., eight (8) years since 2008*]. He/She has been unable to practice for a continuous period of [*60 days or within 180 days or 6 months from contracting the disability in the case of continuing permanent disability*] due to …. [*please elaborate on the nature of his/her disability*].

Based on our records, he/she is a member/diplomate/fellow in good standing.

Sincerely yours,

**[*Name of Chapter President*], MD, FPCP**

Chapter President

Name of Local Chapter