To whom it may concern:

I am writing in strong support of my patient, @NAME@, in @HIS@ appeal for disability benefits. @HE@ has been under my care for mucous membrane pemphigoid (MMP), a rare, chronic, and progressive autoimmune blistering disease that has significantly impaired her health, function, and quality of life.

As you know, mucous membrane pemphigoid is an extremely morbid condition that causes severe blistering and painful erosions in the skin and mucous membranes including the eyes, mouth, esophagus, and ureteral, anogenital skin/mucosa. It can lead to loss of function of these mucous membranes (such as blindness in the eyes, inability to swallow food or water, inability to urinate or have bowel movement). Left untreated, it can lead to hospitalization and death.

In @M@ @LNAME@'s case, @HE@ has very widespread involvement of @HIS@ skin and mucous membranes including @HIS@ eyes, oral mucosa, and esophagus. The disease has already led to blindness in @HIS@ left eye and significant vision impairment in @HIS@ right eye despite aggressive medical management. @HE@ is unable to see clearly or drive safely. In addition, @HE@ is requiring multiple high-risk medical therapies that require frequent doctor's appointments, infusion appointments, and lab monitoring. @HE@ has had numerous side effects from @HIS@ medical therapies, all of which has resulted in substantial physical and emotional distress.

Due to the progressive and disabling nature of this condition, @M@ @LNAME@ struggles with activities of daily living, including ambulating safely and maintaining independence. The irreversible vision loss in @HIS@ left eye further compromises @HIS@ safety and @HIS@ ability to perform work-related tasks. Despite appropriate and continuous medical care over the past several years, @HIS@ symptoms have worsened, underscoring the severity and chronicity of this illness.

In my professional medical opinion, @M@ @LNAME@ is unable to sustain gainful employment due to the cumulative impact of @HIS@ disease. @HE@ requires long-term immunosuppressive therapy, regular medical monitoring, and ongoing supportive care. @HIS@ condition is chronic, progressive, and permanently disabling.

I strongly urge you to approve @HIS@ appeal for disability benefits. These resources are essential for ensuring @HE@ has access to the medical and supportive care required to maintain the best possible quality of life.

Thank you for your consideration of this matter. Please do not hesitate to contact me if additional medical documentation or clarification is required.

Sincerely,