**Letter to MP**

[MP's Name]

[MP's Address]

[Postal Code]

Dear [MP's Name],

[Insert welcome paragraph and mention that you are a constituent].

[Insert a summary of lipoedema and your experience living with, seeking a diagnosis and the ongoing costs of managing your lipoedema].

[Insert your request for your MP to assist with awareness of lipoedema, advocating for lipoedema, funding for research and addressing issues for health care and mental health support and further support for treatments – note, don’t ask for a Medicare number as this will come later].

[Insert paragraph about being happy to meet to provide further information and that you are happy for your story to be used to support advocacy].

[Insert thanks].

Sincerely,

[Your Name]

[Your Phone Number]

[Your Address]

[Your Email Address]