To Whom It May Concern:

I am writing on behalf of ((patient name and relevant family members names)).

My name is ((XXX)) and I am a ((type of physician/ health care professional)) and ((list any additional fellowship training or specialty certifications)) and ((list any titles held in your practice, hospital or program)) and ((where you work—including any assistant professor positions + institution)) and ((how many years been in practice as physician)). I attended ((list college, graduate and medical schools)) and received residency training at ((XXX)).

I have been treating ((patient name)) for ((XXX)) years for ((diagnosis)).

*Rest of paragraph= further description:*

*\*\*If diagnosis is complex or there are multiple diagnoses, please write a sentence or two explaining the diagnosis or multiple conditions in clinical terms*

*\*\*What this diagnosis entails, including prognosis, and what this diagnosis means for this patient (this is factual—how it manifests in this child).*

((Patient name)) requires lifelong care and treatment for ((diagnosis)). S/he is at risk for the following complications because of this diagnos(es):

S/he currently follows ((XXX) number of specialists on a ((duration- weekly? Monthly?Yearly?)).

S/he regularly receives ((XXX) treatments and/or interventions.

S/he takes the following medications and specialized treatments on a daily basis: ((insert medication list + home regimen of treatments or interventions)).

S/he requires specialized medical supplies daily, such as ((list supplies you may be responsible for ordering such as catheters, feeding tube supplies, incontinence, nebulizers etc.). Additionally, ((patient name)) requires the use of ((XXX)) durable medical equipment to be able to live and engage in activities of daily living.

((Name of parent/caregiver)) is instrumental in seeking, providing and maintaining care for ((patient name)).

*\*\*Please detail what you know about the role of parent such as:*

* *Direct provision of care- medications, treatments*
* *Transports to and participates in all appointments*
* *Organizing and obtaining supplies, therapies, treatments, appointments, home health care, school, special education, etc.*
* *Advocacy for child*

*\*\*Additional issues to address if pertinent:*

* *Home or community based care situation*
* *Risks for complications*
* *If you know anything about lack of availability of treatment for diagnosis in native country or outside U.S.*
* *Special education needs*
* *Therapy needs (counseling, behavior, PT, OT, speech, hearing, music, art, etc.)*
* *Community supports crucial to child and/or caregivers life*

Thank you for your time and assistance in this matter.  Please contact me if you have questions regarding my patient.

Sincerely,

***\*\*SUGGESTED ATTACHMENTS\*\****

* *Supporting medical documentation or reports*
* *Documents indicating or pertaining to diagnosis*
* *Lists of supplies*
* *Care plan or other orders sign regularly*
* *Copy of home regimen*
* *Copy of medication list*