

Date

To Whom It May Concern:

Patient's name, date of birth / / , is a patient of mine with the following diagnosis:

Diagnosis, #

Patient's first name suffers from a complex brain disorder of uncertain etiology, leaving him with neurologic impairments interfering with normal activities of daily living. His/her neurologic functioning is presently inadequate for the appropriate *language/fine motor/gross motor/social/behavioral* skills required to meet the demands of *his/her* daily routine. From the time that clinical assessment indicated that *Patient's first name's* neurologic condition was affecting these skills, appropriate medical intervention has included a minimum of _____ hours per week of *specific therapy* to restore function to the level necessary for meeting the demands of *his/her* normal daily activities. This amount of intervention is medically necessary to treat *Patient's first name's* neurologic condition. *Patient's first name's* prognosis for realizing *his/her* full neurologic potential is significantly improved with the recommended treatment. Specific goals of therapy should be outlined and submitted by *Patient's first name's* therapist. Periodic reevaluation at 6- to 12-month intervals is necessary to monitor ongoing progress.

Please let me know if I may be of further assistance.

Sincerely,

Doctor's Name, MD