

[Your Clinic/Hospital Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Confirmation of Chronic Kidney Disease Diagnosis

We are writing to formally confirm the diagnosis of Chronic Kidney Disease (CKD) following your recent evaluations and laboratory tests conducted on [date of tests].

Diagnosis Details:

- **Patient ID:** [Patient ID]
- **Diagnosis:** Chronic Kidney Disease (CKD)
- **Stage:** [Stage of CKD, e.g., Stage 1, Stage 2, etc.]
- **Estimated Glomerular Filtration Rate (eGFR):** [eGFR result]
- **Date of Diagnosis:** [Date]

As part of your care plan, we recommend the following management strategies:

1. Lifestyle modifications, including dietary adjustments.
2. Regular monitoring of kidney function.
3. Medication management as needed.

Please feel free to reach out to our office at [phone number] or [email address] if you have any questions or would like to discuss your treatment options further.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]