

[Doctor's Letterhead]  
[Doctor's Name]  
[Doctor's Title]  
[Medical Facility Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

[Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally inform you about the medical condition of my patient, [Patient's Name], who has been diagnosed with Chronic Kidney Disease (CKD). [Patient's Name] has been under my care since [date of first visit], and their condition has been assessed through a series of tests, including blood work and urine analysis.

[Patient's Name] is currently experiencing the following symptoms associated with CKD: [list relevant symptoms]. The stage of CKD is [state the stage: Stage 1, 2, 3, etc.], and it is essential to monitor their kidney function regularly to manage the disease effectively.

It is crucial for [Patient's Name] to adhere to the treatment plan I have prescribed, which includes [list treatment, lifestyle modifications, dietary restrictions, medications, etc.]. Regular follow-ups are necessary to track their progress and make any necessary adjustments to their care.

Should you require any further information or clarification regarding [Patient's Name]'s condition, please do not hesitate to contact my office.

Thank you for your attention to this matter.

Sincerely,

[Doctor's Signature]  
[Doctor's Printed Name]  
[Doctor's Medical License Number]  
[Doctor's Specialty]