

[Your Name]  
[Your Title]  
[Your Practice/Organization Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally document the diagnosis of Chronic Kidney Disease (CKD) for my patient, [Patient's Name], [Patient's Date of Birth].

[Patient's Name] has been under my care since [Start Date] and has undergone various evaluations that have led to this diagnosis.

Clinical assessments indicate a decline in kidney function, characterized by [specific lab results, e.g., elevated creatinine levels, decreased GFR, etc.]. The patient's symptoms have included [list any relevant symptoms, e.g., fatigue, fluid retention, etc.], which further supports the diagnosis.

Given the progression indicated by [specific findings or tests], I recommend ongoing management including [specific treatment plans, dietary changes, referrals to specialists, etc.], to help control the progression of CKD and optimize the patient's quality of life.

Please feel free to contact me if you have any further questions or require additional information regarding [Patient's Name]'s condition.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]  
[Your Practice/Organization Name]