

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

Dear [Recipient's Name],

Subject: Medical Diagnosis of Chronic Kidney Disease (CKD)

I am writing to formally document the medical diagnosis of Chronic Kidney Disease (CKD) for [Patient's Name], born on [Patient's Date of Birth], who was seen in our office on [Date of Visit].

The diagnosis was made based on the following clinical findings:

- Patient History: [Brief summary of relevant medical history]
- Laboratory Tests: [Results of relevant blood tests, e.g., serum creatinine, eGFR]
- Imaging Studies: [Any imaging findings, if applicable]
- Symptoms: [Any pertinent symptoms reported by the patient]

Based on the assessment, [Patient's Name] has been diagnosed with [Stage of CKD, e.g., Stage 2, Stage 3, etc.]. The following management plan has been discussed and initiated:

- [List treatment recommendations, lifestyle changes, medications, follow-up appointments, etc.]

Please feel free to contact me should you require additional information or have any questions regarding this diagnosis.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Name]  
[Your Title/Position]  
[Your Institution/Practice]