

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

Dear [Recipient's Name],

I am writing to recommend [Patient's Name], who is in need of a gastrostomy-jejunostomy (GJ) tube for [specific medical condition or reason]. As [Patient's Name]'s [your relationship to patient, e.g., physician, nurse, caregiver], I have had the opportunity to observe their medical journey and can attest to the necessity of this procedure.

[Patient's Name] has been diagnosed with [specific diagnosis], which has severely impacted their ability to maintain adequate nutrition orally. Despite [his/her/their] best efforts to manage [his/her/their] condition, the current oral feeding methods have proven insufficient and pose a risk for [mention any complications or issues].

The GJ tube will allow [Patient's Name] to receive direct nutritional support to the jejunum, bypassing the stomach, thus reducing the risk of aspiration and providing a more effective means of nourishment. This intervention is crucial for improving [his/her/their] quality of life and overall health outcomes.

I strongly urge you to consider the approval of the GJ tube for [Patient's Name] as it will significantly enhance [his/her/their] ability to thrive and manage the challenges associated with [his/her/their] condition. Should you require any further information or clarification, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Organization]