

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Facility or Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request [specific information or action regarding medical treatment] for [Patient's Name], who is [age] and currently resides at [Patient's Address].

[Briefly explain the patient's medical history, current condition, and any relevant details].

Based on my evaluation and understanding of [Patient's Name]'s needs, I recommend [specific treatment, medication, or assistance].

Please feel free to reach out to me at [your phone number or email] for any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Typed Name]
[Your Position, if applicable]
[Your Medical License Number, if applicable]