

## Request for Letter:

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUEST BY: \_\_\_\_\_ NEED BY DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**Note:**

- Letters or reports other than for purposes of treatment will be billed to the patient or the responsible party.
- Payment for the applicable letters/reports are due at the time of the request.
- All approved letters/ Reports will be completed within 30 days of the request.

**Please describe in detail what you want written in the letter:**

\_\_\_\_\_  
**Received:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Reviewed by Office Manager:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

- [ ] Approved..... Treatment related no charge to the patient
- [ ] Approved ..... Non- Treatment related, charge \$ 60.00
- [ ] Not-Approved .... Not relevant to practice.