|  | 5501 Fortunes Ridge Rd, Suite P  Durham, NC, 27713  919-391-7202  drboazak@animosanopsychiatry.com |
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Dear [Insert Entity/Person Letter is Addressed To],  
  
I am writing to you regarding [Insert Patient Name], who is currently under my care for [Insert Illness].  
  
[Insert Patient Name] has been experiencing [Insert Symptoms], which I believe are indicative of [Insert Illness]. I have conducted a thorough examination and have determined that [Insert Patient Name] is in need of [Insert Treatment].  
  
I understand that [Insert Treatment] may be expensive, and I am willing to work with you to ensure that [Insert Patient Name] receives the care they need. I am confident that with the right treatment, [Insert Patient Name] will be able to make a full recovery.  
  
If you have any questions or concerns, please do not hesitate to contact me. I am available to discuss [Insert Patient Name]'s treatment plan and any other matters related to their care.  
  
Sincerely,  
  
[Insert Doctor Name]