

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves to verify that [Patient's Name], who was involved in an accident on [Accident Date], has been receiving medical treatment for injuries sustained during the incident.

[Patient's Name] was seen at [Hospital/Clinic Name] on [Date of Initial Visit] and has undergone the following treatments:

- [Treatment 1]
- [Treatment 2]
- [Treatment 3]

The attending physician, [Doctor's Name], has recommended a follow-up appointment on [Next Appointment Date] to continue monitoring [Patient's Name]'s recovery progress.

If you require any further information regarding [Patient's Name]'s treatment, please feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]