

# Confirmation of Care

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Name], born on [Patient's Date of Birth], has been under my care since [Date of First Visit]. During this time, I have provided the following medical services:

- [Description of Service 1]
- [Description of Service 2]
- [Description of Service 3]

Based on my evaluation, the patient is currently diagnosed with the following conditions:

- [Diagnosis 1]
- [Diagnosis 2]

Please feel free to contact my office at [Office Phone Number] for any further information or clarification regarding this patient's care.

Sincerely,

[Practitioner's Name]

[Practitioner's Title]

[Practice Name]

[Practice Address]

[Practice Phone Number]