

# Visit Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify that [Patient Name], born on [Patient Date of Birth], was seen for a consultation on [Visit Date] at [Facility Name].

Details of the visit are as follows:

- **Practitioner Name:** [Practitioner Name]
- **Specialty:** [Practitioner Specialty]
- **Visit Type:** [In-Person/Telehealth]
- **Reason for Visit:** [Reason for Visit]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Facility Name]