

Request for Verification of Treatment Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To: [Recipient's Name]

[Recipient's Position]

[Recipient's Institution/Organization]

[Institution/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request verification of the treatment plan that has been proposed for [Patient's Name], who is currently under my care.

Details of the treatment plan are as follows:

- Diagnosis: [Insert Diagnosis]
- Proposed Treatment: [Insert Treatment Details]
- Duration: [Insert Duration of Treatment]

In order to proceed with the implementation of the treatment, I would appreciate your prompt verification of the plan as outlined. Please let me know if any additional information is required from my side.

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Position]

[Your Institution/Organization]