

External Care Requirement Notification

Date: [Insert Date]

To Whom It May Concern,

We are writing to inform you about an external care requirement for [Name/Patient's Name], who is currently under our supervision. Due to [reason for care requirement], we believe that additional support is necessary.

The specifics of the external care needed are as follows:

- **Type of Care:** [Specify type, e.g., physical therapy, nursing care, etc.]
- **Duration:** [Specify duration, e.g., weeks, months, etc.]
- **Frequency:** [Specify frequency, e.g., daily, weekly, etc.]
- **Special Instructions:** [Include any special care instructions or requirements]

We believe that this external care will significantly benefit [Name/Patient's Name] in [mention benefits, e.g., recovery, comfort, etc.]. Please do not hesitate to contact us for any further discussions regarding this matter.

Thank you for your attention to this important requirement.

Sincerely,

[Your Name]
[Your Position]
[Your Organization]
[Contact Information]