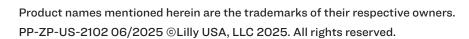
## **Sample Letter of Medical Necessity**

Re:				

To whom it may concern:					
My name is my patient,		am a est coverage for	writing on behalf of to treat . has been under my care for		
for the treat	ment of				
I am writing this letter for is the best treatment opti		ssity because after working with ient.	, I believe that		
Please detail all past trea	atments.				
Past treatment(s)*		Start/stop dates	Reason(s) for discontinuing		
Please contact me at necessity of Sincerely,	for	to answer any pending question: 's .	s. I would be pleased to speak to the medical		
		Encl: Medical records Clinical trial informatio	n		



\*Identify drug name, strength, dosage form, and therapeutic outcome.

