

Date: [Insert Date]

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Medical Record Number: [Insert MRN]

Subject: Documentation of Exhausted Standard Treatment Options

To Whom It May Concern,

I am writing to formally document the clinical status and treatment history for the above-named patient, who is currently under my care for the diagnosis of [Insert Primary Diagnosis/ICD-10 Code].

As of [Insert Date], the patient has undergone and exhausted all recognized standard-of-care treatments for this condition. The following interventions have been completed:

- **Treatment/Medication:** [Insert Name]
Duration: [Insert Dates]
Outcome: [e.g., Disease progression, intolerance, or refractory response]
- **Treatment/Medication:** [Insert Name]
Duration: [Insert Dates]
Outcome: [e.g., Disease progression, intolerance, or refractory response]
- **Other Interventions:** [Insert Surgery, Radiation, or Therapy details if applicable]
Outcome: [Insert Results]

Based on the clinical evidence and the patient's lack of response to the aforementioned therapies, it is my professional opinion that there are no further conventional or FDA-approved standard treatments available that would provide significant clinical benefit.

Consequently, we are now pursuing [Insert Proposed Plan, e.g., Clinical Trial Enrollment, Compassionate Use, or Off-Label Therapy] as the most appropriate next step in the management of this patient's condition.

Please contact my office at [Insert Phone Number] if additional clinical documentation or discussion is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Specialty]

[Facility/Institution Name]