

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

To Whom It May Concern,

I am writing to provide the clinical status and functional outlook for the aforementioned patient, who is currently under my care.

Primary Clinical Diagnosis:

[Insert ICD-10 Code and Formal Diagnosis Name]

Clinical Summary:

The patient presents with [brief description of symptoms and clinical findings]. Current treatment includes [medications, therapy, or interventions].

Functional Limitations:

Based on the clinical diagnosis, the patient experiences the following functional impairments:

- [Limitation 1: e.g., Mobility/Weight bearing restrictions]
- [Limitation 2: e.g., Cognitive or executive functioning deficits]
- [Limitation 3: e.g., Sensory or communication barriers]

Functional Prognosis:

The patient's functional prognosis is [Excellent / Good / Fair / Guarded / Poor]. It is expected that the patient will [achieve full recovery / reach a stable plateau / experience progressive decline] within approximately [Timeframe].

Recommended Accommodations:

To support the patient's current status, the following is recommended: [List necessary modifications or restrictions].

Please contact my office at [Phone Number] if further information is required.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name and Title]

[Medical Facility Name]

[NPI Number]