

Date: [Date]

RE: Patient Medical Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

To Whom It May Concern,

This letter serves to confirm the medical status of the aforementioned patient, who is currently under my care at [Clinic/Hospital Name].

Primary Diagnosis

[Insert Primary Diagnosis Name] (ICD-10 Code: [Code])

Date of Diagnosis: [Date]

Current Medical History

- **Secondary Diagnoses:** [List other conditions]
- **Past Surgical History:** [List previous surgeries and dates]
- **Allergies:** [List allergies or state "NKDA"]
- **Current Medications:** [List medications and dosages]

Clinical Summary

[Brief description of the patient's current clinical status, stability, and ongoing treatment plan.]

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Practice Name]