

Date: [Date]

RE: Attending Psychiatrist Information

To Whom It May Concern,

This letter is to formally provide information regarding the attending psychiatrist for the patient listed below:

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Medical Record Number: [ID Number]

Attending Psychiatrist Details:

- **Physician Name:** [Psychiatrist Name, Degree]
- **License Number:** [License Number]
- **Board Certification:** [Certification Area]
- **Facility/Clinic Name:** [Facility Name]
- **Office Address:** [Full Street Address, City, State, Zip]
- **Office Phone:** [Phone Number]
- **Office Fax:** [Fax Number]

Care Summary:

The aforementioned psychiatrist is currently responsible for the psychiatric evaluation, medication management, and treatment planning for this patient. The patient has been under this provider's care since [Start Date].

Please contact the office directly if you require further clinical documentation or verification of treatment.

Sincerely,

[Signature]

[Printed Name]

[Title/Position]