

Date: [Insert Date]

To: [Recipient Name/Organization]

Address: [Recipient Address]

Subject: Declaration of Observation of Changed Medical Circumstances

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Reference Number: [Policy or Case Number]

To Whom It May Concern,

I am writing to formally declare an observed change in the medical circumstances of the above-mentioned individual. This observation was noted on [Date of Observation].

Description of Changes:

[Provide a detailed description of the changes in health status, symptoms, or physical/mental condition observed.]

Impact on Current Treatment/Condition:

[Explain how these changes affect the patient's current daily functioning, treatment plan, or existing diagnosis.]

Supporting Evidence:

[List any attached documents, such as new test results, prescriptions, or specialist reports.]

Please update the relevant records to reflect these changes. Should you require further clarification or additional medical documentation, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Patient / Professional Title]