

[Doctor's Name/Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

To whom it may concern,

RE: [Patient Name]
Date of Birth: [DOB]

This letter is to confirm that the above-named patient is currently under my care for the treatment of [Diagnosis, e.g., Acute Otitis Media].

Due to the nature and severity of the infection, I have prescribed a high-dose course of [Antibiotic Name, e.g., Amoxicillin]. The dosage is calculated at [X] mg/kg/day, totaling [Amount] mg per dose, to be taken [Frequency] for [Number] days.

Please note that this dosage exceeds standard clinical guidelines but is medically necessary for this specific case to ensure clinical efficacy and prevent treatment failure. The patient should be monitored for common side effects such as gastrointestinal upset or rash.

If you have any questions regarding this treatment plan, please contact my office directly.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Medical License Number]