[Current Date]

[Recipient Name or Department]
[Organization Name]
[Street Address]
[City, State, Zip Code]

Subject: Verification of Dates of Service

To Whom It May Concern,

This letter is to formally verify the dates of service provided to [Client/Patient Name], born on [Date of Birth].

According to our records, the individual received services at [Facility/Company Name] on the following date(s):

- [Start Date] to [End Date]
- [Individual Date]
- [Individual Date]

The total number of sessions/visits during this period was [Number].

If you require any additional information or further documentation regarding these services, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Job Title]
[Organization Name]