

<Insert today's date>

<Insert parent/guardian's name and address>

Re: <Insert child's name>

To Whom It May Concern:

According to our records <child's name> was a patient of <name of your practice> during <insert year on the notice>.

Our records show the child has been a patient since <time period>, they received services on <Insert the Dates You Provided Services During the Tax Year on the Notice> and their address was listed as <street address, city, state, ZIP Code> during this time.

Our records also reflect that the child's parent or guardian during this time was <parent's or guardian's name(s)> and their address was listed as <street address, city, state, ZIP Code>.

Sincerely,

<Insert signature of employee>

<Insert name of employee>

<Insert title of employee>

<Insert phone number of employee>