

<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**>