

Re:

To Whom It May Concern:

I am writing on behalf of my patient, \_\_\_\_\_, to document the medical necessity of individualized nutrition counseling for the treatment/management of \_\_\_\_\_.

This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

**Patient's History & Diagnosis:**

**Treatment Rationale:**

**Duration:**

**Summary:**

In summary, individualized nutrition counseling is medically necessary for this patient's medical condition. Please contact me if any additional information is medically required to ensure the coverage and ability for \_\_\_\_\_ to receive nutrition counseling.

Sincerely,