**GUARDIANSHIP**

LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B: Re: Guardianship

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 19-3/12 years. Jane has been diagnosed as having cerebral palsy in the form of spastic quadriplegia (343.2), severe developmental retardation (318.1), scoliosis (737.3) and is fed via a gastrostomy tube (V44.1). She has been a patient of our practice since June 2000 and was last seen on May 2, 2006 for an annual physical.

As a result of the above listed diagnoses, Jane requires continuous care and monitoring. She is dependent on her caregivers for all aspects of her care and is unable to make decision in her best interest (i.e. medical, financial, or safety matters). Jane’s condition is chronic and unlikely to change. She will need to remain under the care of a legal guardian for the remainder of her life.

If you need additional information regarding Jane, please contact our office at XXX­XXX-XXXX.

Sincerely,

(Care coordinator name) For (Physician name)