

## Company LOGO/Name/or Your letter head

(Contact information-office address, contact number, fax, and email address is optional)

Friday, November 18, 2022

(Please provide the Patient's Name and Date of birth) has been under my care  
(enter in length of time the patient has been under your care).

He/she/they have been diagnosed with (List the disorder(s), age and dates for which the disorder was diagnosed).

The patient has been experiencing (List behaviors, or changes in mental statuses that were noted by the patient, you, or others and any most recent in-patient admissions).

The patient previous therapy included (List the regime before the current one, the time frame that the patient has been using the regime, what the patient experienced and why the regime was changed).

The patient current therapy includes (List current regime, the start date and what the patient is experiencing.)

The second opinion consultation is requested by (enter who the requester is and the reason).

**On the next (2) pages, I have provided a brief list of the following information:**

- **Other previous regimens that the patient has tried**
- **Hospitalizations and or Admission history with in the past 1-2 years**

Thank you,

**(please sign and add your title/credentials)**

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### History of Regimes/Therapies

<b>(Name and dosage of the drug and or drug Combinations)</b>	<b>(Dates or date range for when Therapy was used)</b>	<b>(Response to Therapy)</b>
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### History of Hospitalizations or Admissions

<b>(Institution name and or type)</b>	<b>(Dates or Date Ranges)</b>	<b>(Any other notes to our reviewing team if needed)</b>
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