

SAMPLE LETTER FOR CONTRADICTIONS

Office Name
Office Street
City, State, Zip
Phone #

Date

Doctor's Name
Street
City, State, Zip

Dear Doctor:

Your patient, _____, has
come to our clinic for Biofeedback training. We would like
your cooperation and assistance in developing the safest and most
effective regimen for this patient. Please advise our
office if you would like a monthly printout or update on this
patient.

Please inform our office if there are any contradictions
or medical complications regarding this patient. To assist
this patient in receiving third-party payment for our
services, please write a prescription for referral.
Enclosed is a partial list of our services and philosophy.
If we can assist you in any other way please advise.

Sincerely,

COMPANY NAME