

Date

Regarding: Patient's name

Date of Birth:

To Whom It May Concern:

The following is a letter of medical necessity regarding PT NAME, date of birth. Pt has been followed in the Children with Special Health Care Needs Child Development Clinic since 2006 for concerns including macrocephaly, verbal apraxia, and features of pervasive developmental disorder, not otherwise specified. These features are often seen in individuals with fragile X and other genetic syndromes. I feel it is medically necessary to test PT for the fragile X syndrome and perform a high resolution chromosome analysis as proactive medical planning will be affected by the result.

In addition, the detection of a genetic condition such as those mentioned above may influence family planning decisions, and the family of XXX intends to use this information in the future.

Thank you very much for your assistance in authorizing these tests.

Sincerely,