Sending Provider

9249 W Lake City Rd

Houghton Lake, MI 48629

Ph (989) 422-5689

Fx (989) 422-4587

01/01/0001

Receiving Provider

Address

Ph

Fx:

To whom it may concern.

We would like you to contact our office regarding your patient\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_, in order for us to coordinate care with his/her treatment of benzodiazepines/gabapentin/lyrica/Adderall/etc. Attached you will find a written consent from the patient. Please contact our office at the number mentioned above regarding this patient. Thank you

Sincerely,

Sending Provider