

MEDICAL DIAGNOSIS LETTER

Patient Name: _____ Patient ID: _____

Date of Visit: _____ Referring Physician: _____

Physician Information:

Full Name: _____

Medical License No.: _____

Address: _____

Phone/Email: _____

Diagnosis Information:

Based on the clinical evaluation, diagnostic tests, and medical history provided by the patient, the following diagnosis has been established.

Primary Diagnosis:

Secondary Diagnoses (if any):

Summary of Findings:

The patient exhibits the following signs, symptoms, and test results supporting the diagnosis. This summary is intended to provide relevant clinical information for ongoing treatment and insurance purposes.

Recommended Treatment Plan:

The following treatment plan is recommended based on the diagnosis and clinical findings. Any prescribed medications, therapies, or procedures should be followed as directed.

Prognosis:

The expected prognosis based on current clinical evidence and response to treatment is as follows.

Additional Notes:

Any additional information, observations, or instructions relevant to the patient's care or insurance claims can be noted here.

Confidentiality and Privacy

This Medical Diagnosis Letter contains confidential patient information protected under HIPAA and applicable state privacy laws. Unauthorized disclosure or use of this information is strictly prohibited.

Accuracy and Reliance

The information contained herein is accurate to the best knowledge and belief of the attending physician at the time of issuance. This letter is provided solely for medical and insurance purposes and should not be used for any other purpose without prior consent.

Limitations of Liability

The physician and medical institution disclaim any liability for damages arising from decisions made based on this document, except as required by law.

Governing Law and Jurisdiction

This Medical Diagnosis Letter shall be governed by and construed in accordance with the laws of the United States and the relevant state jurisdiction. Any disputes arising under or in connection with this Letter shall be subject to the exclusive jurisdiction of state or federal courts located therein.

Certification and Signature

This document is certified by the undersigned physician and is valid without a physical signature if electronically transmitted or digitally signed, in accordance with federal and state laws.

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

Signature: _____

Signature: _____

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