

**\*\*\*Ask your healthcare provider's office to copy this template to the practice's letterhead and input the needed information to replace the guidelines in the brackets <> and the brackets\*\*\***

**<Insert Today's Date>**

**<Insert Parent/Guardian's Name and Address>**

Re: **<Insert Child's Name>**

To Whom It May Concern:

According to our records **<Child's Name>** was a patient of **<Name of Your Practice>** during **<Insert The Tax Year From The Notice>**.

Our records reflect that the child lived at  
**<Street Address,  
City, State,  
Zip Code (if the child moved during the year show all addresses)>**

from

**<Time Period Child Was A Patient>**, and that the child received service on  
**<Insert the Dates You Provided Services During the Tax Year on the Notice>**.

Our records also reflect that the child's parent or guardian during this time was  
**<Parent's or Guardian's Name(s)>**.

The child's parent's or guardian's address of record during this time was listed as  
**<Parent's or Guardian's Address(es)>**.

Sincerely,

**<Signature of Employee>**

**<Insert Name>**

**<Insert Title>**

**<Insert Phone Number of Employee>**