

Medical Condition Reconfirmation Letter

Date:

To Whom It May Concern,

This letter serves to reconfirm the medical condition of , who has been under my care since .

The patient has been diagnosed with . After a thorough review and recent evaluation on , I reaffirm that the diagnosis remains unchanged and the patient continues to require medical attention and support.

If you require further information, please do not hesitate to contact me.

Sincerely,