

## Your Doctor's Letter of Support

Name of patient:

Address of patient:

PPS Number:

What condition(s) does the patient have?

How does the patient's condition affect their day-to-day life?

How often has the patient attended during the last 12 months?

What medication is the patient currently taking?

How much does this medication cost on a monthly basis?

Do you expect this patient to recover from this condition in the next 12 months?

What other additional medical treatment is required to assist the patient?

How much does this additional treatment cost on a monthly basis?

Signed:

Date: