

2729

# SAMPLE

(Date)

Dear Ms. Steffanic,

My name is \_\_\_\_\_ I am a patient of \_\_\_\_\_ CRNP.  
He has been treating me for the following conditions: High bld. pressure

It would be helpful if he was not limited on his prescriptive authority and was able to write my prescriptions for several months to save me from having to be seen each month.

(Add your own personal thoughts)

Thank you,

(Your Name)

RECEIVED  
2008 DEC - 1 PM 1:30  
INDEPENDENT REGULATORY  
REVIEW COMMISSION

{ - CRNP is very patient. Handles stress well.  
Listens & gives feed back. He's never in a hurry.  
His office staff is wonderful. Sincerely