Letter of Medical Necessity

The Lily Pad Pediatric Day Care Pediatric Prescribed Extended Care

I,	, prescribe	t	o attend the Lily Pad.	
(Physician's Name)	-	, prescribe to attend the Lily Pad. (Child's Name)		
Pediatric Day Care and Presch requires ongoing nursing care.	_		s medically stabilized and	
I understand that as the Primar therapeutic plan and will be av nursing personnel.				
Below, please write a brief le need for on-going nursing ca			d's current condition and	
Physician's Signature:		Date:		
*Please mail or fax con	mpleted form			

The Lily Pad at Easter Seals West Kentucky 801 North 29th St Paducah, Ky 42001 270-444-9687

Fax: 270-444-5590 (ATTN: Jessie Meiser)