Letter of Medical Necessity

The Lily Pad Pediatric Day Care
Pediatric Prescribed Extended Care

I, ____________________________, prescribe ___________________ to attend the Lily Pad.

(Physician’s Name)        (Child’s Name)

Pediatric Day Care and Preschool. I agree that the above mentioned child is medically stabilized and requires ongoing nursing care, and other interventions.

I understand that as the Primary Care Physician I will maintain responsibility for the overall medical therapeutic plan and will be available for consultation and collaboration with the PPEC medical and nursing personnel.

Below, please write a brief letter of medical necessity including the child’s current condition and need for on-going nursing care and supervision.

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____________________________________________________________________________________

Physician’s Signature: ________________________________________ Date: ___________________

*Please mail or fax completed 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)