**BHealthy For Life**

124 Hyatts Rd

Delaware, OH 43015

1(833) 336-7543

**Practitioner name**

**Phone**

**email**

Date

Re:

To whom it may concern,

Please let this letter serve as an update on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ treatment plan with BHealthy.

Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_continues to progress in her treatment and meets once weekly with Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Additional groups and service Ms. Has attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Goals Ms. Has completed include: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please let me know if you have any additional questions, concerns or need clarification. I can be reached at Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Best,

Practitioner Signature

Printed name & Credentials