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Date

To Whom It May Concern:

My name is _____ and I am the Developmental Pediatric Practitioner at _____ and I am writing on behalf of my patient, _____.

Patient's name is a special young child with the following diagnoses: Chromosomal Anomalies (Cyclin-dependent Kinase-like 5 or CDKL5) 758.9, Autistic Disorder (299.0), Epilepsy and Recurrent Seizures (345.90) Asthma (493.90) Developmental Coordination Disorder (315.4) and Profound Intellectual Disabilities (318.2).

Due to the above diagnoses, patient is severely limited in her mental and physical capabilities. The CDKL5 gene provides instruction for making a protein that is essential for normal brain function. One of the proteins targeted by the CDKL5 protein is MeCP2, which plays important roles in the function of nerve cells (neurons) and in the maintenance of connections (synapses) between neurons which affects the neurological and muscular systems in the body, causing gross developmental delay, seizures, mental retardation, and coordination disorders.

Patient is currently receiving Speech Therapy and ABA therapy but is limited in physical activities due to developmental and coordination disorders/delays. Due to her limitation, patient would benefit from occupational therapy and physical therapy to help with physical conditioning, coordination, fine and gross motor skills.

In addition, patient would benefit from an adaptive mobility device/aid to assist with physical conditioning, coordination skills and fine/gross motor skills. Research has proven that children who use an adaptive mobility device experience increased social interaction, increased improvement with fine/gross motor skill and performance in daily activities.

I would appreciate your assistance in providing patient's name with an adaptive mobility device. This device would help patient's name benefit neurologically, physically and socially. In addition, an adaptive mobility device would provide patient's name with a safe and effective form of physical exercise due to her extensive diagnoses/disabilities.

Sincerely,

Physician's name

Title/ Professional Designations

National Provider Identification Number