2087 Plessis Road
Winnipeg, MB
Canada, R3W 1S4
1.800.661.9915
Ph: 204.654.1074
Fax: 204.654.1149
mobility@freedomconcepts.com
www.freedomconcepts.com

Date

Re: Patient's name

DOB:

To Whom It May Concern:

Patient's name is a 3-year-old male with a history of cerebral palsy, spastic dystonic quadriplegic type (ICD 343.9), with Gross Motor Function Classification Score of 4. Because of patient's name's condition, he cannot safely use regular mobility products. I am requesting a Freedom Concepts' mobility device that is custom designed for his use. By providing patient's name with an adaptive device, he can benefit from the use of this on a regular basis, providing him with therapeutic, reciprocal exercise with physical benefits such as strengthening muscles, improving range of motion, aiding circulation, developing hand/eye coordination and head and trunk control and improving endurance.
Patient's name is currently in PT, OT and ST. By adding this device to his therapy regimen, his therapeutic responsiveness will be enhanced. This adaptive mobility device provides a sense of individuality for patient's name and he will benefit from peer interaction and social acceptance.
I support the need for this therapeutic modality. If there is any additional information you need please do not hesitate to call_____.

Thank you,

Sincerely,

Physician's name
Title/ Professional Designations
National Provider Identification Number