

Letter of Medical Need

PLEASE PRINT ALL REQUESTED INFORMATION, EXCEPT SIGNATURES, TO ENSURE PROPER HANDLING.
SEE REVERSE FOR ADDITIONAL INSTRUCTIONS.

Participant Name: Marcus DeWitt
Participant's Social Security Number: 459-82-7268
Participant's Employer: Wilco Enterprising Innovations
Patient Name: Julia DeWitt Relationship to Participant: daughter

THIS SECTION MUST BE COMPLETED BY THE PATIENT'S HEALTH CARE PROVIDER RESPONSIBLE FOR THE DIAGNOSIS AND TREATMENT OF THE CONDITION SPECIFIED BELOW.

I am currently treating Julia DeWitt Patient's Name
for allergies Medical Condition

I certify that the prescribed treatment, service, procedure, equipment, supply and/or capital expenditure, listed below, is medically necessary to treat the specified medical condition (diagnosis), and is not intended to merely preserve or promote my patient's general health or well-being, satisfy nutritional needs nor primarily serve a cosmetic, personal, living and/or family purpose.

Medical treatment, service, procedure, equipment, supply and/or capital expenditure:

air filtration product to improve indoor air quality to relieve
allergy symptoms

Treating Health Care Provider Signature: John Bruton MD 9-2-2009
Date Signed:

Printed Health Care Provider Name: Dr. John Bruton

Health Care Provider Address: 127 Highland Lane
Suite 222B
Dallas, TX 78561

Health Care Provider Phone Number: 972-658-0000

Health Care Provider Fax Number: 972-658-0001