

Date: _____

To Whom It May Concern:

The patient named below has a medical condition which, in the opinion of this physician, who is licensed to practice medicine,

would generally result in the patient's death within 24 months; or,

has a condition which requires continuous confinement in an eligible institution, where the patient is expected to remain until death.

Please check one.

Patient: _____

Physician (printed name): _____

Physician: (signature): _____

Street address: _____

City: _____, State: _____ Zip: _____