



**Dr. Tracy's Counseling Services**

20 years of experience

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Date \_\_\_\_\_

Dear \_\_\_\_\_

In an effort to coordinate care, I want to inform you that \_\_\_\_\_,  
date of birth: \_\_\_\_\_ is receiving psychotherapy from me  
for \_\_\_\_\_.

If you have any relevant records, history or lab results that you think would be helpful to me, please mail or fax this information to 515-986-5902. I hope this information is helpful to you. I look forward to working with you in the care of our mutual patient.

Sincerely yours,