

MEDICAL PHARMACY  
1213 MAIN STREET  
WILLIMANTIC, CT 06226  
PH: (860) 423-1661  
F: (860) 423-3861



MEDICAL PHARMACY LTC  
1197 MAIN STREET  
WILLIMANTIC, CT 06226  
PH: (860) 423-1661  
F: (860) 423-1200

CHAD WOJNAR RPh, PRESIDENT

JACK LOVELAND RPh, VICE PRESIDENT

## LETTER OF MEDICAL NECESSITY

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Item Prescribed: \_\_\_\_\_

***WHAT IS THE SPECIFIC DIAGNOSIS THAT WARRANTED THE PRESCRIBED PRODUCT, AND HOW WILL THE ABOVE MENTIONED PATIENT BENEFIT BY THE PRESCRIBED PRODUCT?***

The above named patient requires the prescribed \_\_\_\_\_ for:

\_\_\_\_\_  
\_\_\_\_\_

The \_\_\_\_\_ will help:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information regarding the patient and/or product:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Physician NPI: \_\_\_\_\_