



***ABA of
NORTH TEXAS***
214-650-6708
Fax 972-424-2333

RE:

To Whom It May Concern:

_____ has been a patient of mine since _____.
(Child's name) (Date)

_____ is diagnosed with _____. It has been
(Child's name) (diagnosis & code)

Recommended by specialists that _____ receive _____ hours of
(Child's name)

Applied Behavior Analysis (ABA) treatment per week for a minimum of 3 years.
The ABA program should be supervised by a Board Certified Behavior Analyst. It is
my opinion that this treatment is medically necessary and _____
(Child's name)

Needs this intervention and would benefit from enrollment at ABA of North Texas.

Thank you,

(Doctor's name & credentials)

(Date)