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# PSYCHIATRIST SIGN OFF/REVIEW OF ANNUAL PHYSICAL

To Whom It May Concern:

The purpose of this document is to confirm that I,

Name of Treating Psychiatrist

have reviewed the results of the annual physical examination of

_____ (Name of Individual) completed on

_____ (Date of Physical Exam).

I will take these findings into consideration as I prescribe treatment for this individual.

Psychiatrist's Signature_____ Date_____

Please sign and return in stamped/self addressed envelope provided Thank you in advance for your prompt reply.