

Letter of Med Nec for Thickner with OPM Avail.

Date:

RE:

DOB:

DCN:

To Whom It May Concern:

(Patient) is a (age) year old that has a diagnosis of but not limited to (diagnosis(s)). It is recommended that all liquids be taken by mouth be thickened, failure to do so can result in aspiration. This is needed to adequately supply (patient) with the nutrition he/she needs to sustain life and to stay healthy. An OPM was preformed on xx/xx/xxxx indicating the need for thickner. OPM attached.

(patient) needs approximately ____ml/ounces fo fluid a day, thickened to a (syrup,honey,nectar) consistency. (mixing instructions)

Sincerely,

Provider

