

# Required Prescription or Letter Of Medical Necessity

(Give a copy of this to your Physician)

Each client is required to have a prescription or a letter from their showing their medical diagnosis and a medical recommendation for a service dog that will benefit the applicant. You will need a prescription or a letter but not both.

## General types of service dog and a brief definition on the terminology:

Service Dog: defined in the law as a dog that is individually trained to help someone with a physical task (like retrieving something for you or alerting someone when you have a problem, performing a physical task that will break a person who is in a hyper emotional focus state, repetitive or self-injurious behavior, or other common signs of Autism or physical impairment.)

Autism Service Dog: Are just like what its name is, they are trained dogs that provide assistance with many tasks such as interrupting repetitive (stimming) behaviors, self-injurious behaviors, communication delays, alerting to dangerous situations or physical reduction of cortisol levels (measurement of stress)

## Prescription must include the following information:

- 1) Patient Information
  - a. Diagnosis
  - b. Patients Name
  - c. Age and gender
  - d. Last exam date
- 2) Physician Information
  - a. Name
  - b. Title
  - c. Clinic/Hospital
  - d. Phone Number
- 3) Recommendation on the type of dog (see above) that would benefit the client.

## Letter of medical necessity must include the following information:

*(Clearly printed)*

- 4) Patient Information
  - a. Diagnosis
  - b. Patients Name
  - c. Age and gender
  - d. Last exam date
- 5) Equipment Needs
  - a. Medication patient is on and any equipment currently being using (wheelchair, cane, etc)
  - b. What type of service dog recommending, why recommending, what task/ skills do you think a service dog could assist the patient.
- 6) Physician Information
  - a. Name
  - b. Title
  - c. Clinic/Hospital
  - d. Phone Number

**Example of Letter of Medical Necessity:**

Summer Ville Heath Services  
464 S. Bordsville  
San Jose , CA 85645  
693-123-4567/ Fax 693-123-8610

06/07/2012

To whom it may concern,

I John E. Smith, MD her by prescribe a service dog to assist Jane Doe. Jane Doe is a 20 year old female that was last examined on July 25, 2008 and diagnosed with borderline Myotonic muscular dystrophy. Myotonic muscular dystrophy DM2 (MMD) is where muscles have difficulty relaxing. Jane Doe is currently showing the following symptoms of MMD : muscle weakness and wasting (where the muscles shrink over time), and mild heart problems.

Currently Jane Doe is prescribed Sertraline (Zoloft) for the depression, patacetamol (Tylenol) for pain associated with MMD, & multi vitamin supplements. On Jane Doe's good physical & mental health days, during this time Jane Doe is a highly functioning member of society, but her MMD will gradually affect her more over the next 5-8 years, become more dilapidated, requiring her take frequent rest and eventually confine her to a bed and a oxygen machine. Through the assistance of a service dog, the dog will be able to pick up items Ms. Doe dropped; alert someone if she is having any problems or if she fell out of her electronic wheelchair. Task such as these will greatly benefit her daily life and is a medical necessity.

Sincerely,

*John E. Smith, MD*

**Example of written prescription:**

Summer Ville Heath Services 464 S. Bordsville San Jose, CA 95645 693-123-4567/ Fax 693-123-8610	
Patience Name	<u>John Doe</u> Date <u>06/07/2012</u>
Patient Address	<u>2330 Nowhere Street, San Jose CA 95634</u> Allergies <u>Walnuts &amp; Aspirin</u>
Rx:	<i>John Doe has Autism and would benefit from a Service Dog to interrupt stimming and self-injurious behaviors in addition to alerting to potentially dangerous situations and is a medical necessity.</i>
<u>John E. Smith ID #: 965782160</u> Physician Name and DEA # or 9 Digit Identifier (Print or Stamp)	<u><i>John E. Smith, M.D.</i></u> Physician Signature