



Children's Hospital

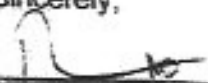
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Torrance, CA 90505
Phone: ([REDACTED]) [REDACTED] Fax: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

04/06/2018

To Whom it May Concern:

I am writing regarding my patient [REDACTED]. [REDACTED] is followed in our practice for issues related to abdominal pain and dyspepsia, which based on my expert opinion are at least exacerbated by and possibly caused by anxiety. In my professional opinion, she should undergo formal evaluation by licensed therapist (psychologist) for her anxiety issues. If there are any barriers to this medical request I ask that I be contacted directly (office number above).

Sincerely,


[REDACTED]