

**Sample** Letter of Medical Necessity  
CalmiGo Device

Date:

To whom it may concern:

I have been treating \_\_\_\_\_. This \_\_\_\_\_ year-old patient suffers from anxiety/panic attacks/PTSD at a level that affects their overall health, psychological well-being/ability to sleep/ability to concentrate/ability to maintain their daily routine and normal life. It would be medically appropriate to have a CalmiGo device. This allows \_\_\_\_\_ to calm themselves down naturally in a short time wherever they are to reduce the level of anxiety and worry, decrease avoidance behavior, and to increase their overall psychological well-being.

Name: \_\_\_\_\_

N.P.I number: \_\_\_\_\_

Signature: \_\_\_\_\_