	1
[Date] [Your name and contact information]	
Re: [Patient Name]	Use company or clinic let- terhead
To Whom It May Concern:	
This letter is regarding [patient name and date of birth], who has been under my care at [clinic name] since [date]. I have been treatint them for opioid use disorder [list other conditions you are treating] with the medication [buprenorphine, methadone, or IM naltrexone]. This medication is sometimes known as Medication Assisted Treatment (MAT).	MAT is a commonly used acronym
Their treatment plan also includes: <i>[list all treatment compo- nents including appointment frequency, psychotherapy, group</i> <i>therapy, and other medications]</i> . Their progress will be mea- sured by attendance at medical and therapy appointments, as well as their ability to abstain from using substances as determined by urine drug screening <i>[specify interval]</i> .	The goal is to outline a com- prehensive treatment plan, beyond just medications
I strongly recommend the continued use of [buprenorphine, methadone, or IM naltrexone]. Research clearly shows that this FDA-approved medication, and others like it, are es- sential components o the effective treatment of opioid use disorder. Depite misconceptions, these medications do not "substitute on addiction for another". Stopping the medica- tion would put them at high risk of returning to opioid use and potential overdose.	Advocate for MOUD, which some courts may discourage. Consider addressing com- mon misconceptions at the outset.
In terms of progress, [<i>patient name</i>] has attended medical appointments with me on [<i>list dates</i>] and therapy appoint- ments on [<i>list dates</i>]. Results of urine drug screening at these appointments have been [<i>list drug screen results here</i>].	If this is not your initial letter to the court, provide an up- date with your patient's prog- ress. Include other relevant clinical details if indicated.
In summary, my medical recommendation is that [patient name] continue taking <i>[medication]</i> , attend regular appointments and therapy sessions <i>[specify frequency]</i> , and have their progress monitored by urine drug screening. Please do not hesitate to contact me with any questions or concerns.	
Sincerely,	
[Your name and full credentials ⁻	Provide "wet" ink signature
	1