From: (Insert Physician Name, Office Affiliation)

 (Insert Physician Address)

 (Insert Contact Information)

Date: (Insert Date)

RE: UAB CBD Open Access Program Referral Letter

Patient: (Insert patient full name)

 (Insert patient birthdate)

 (Insert patient complete current mailing address)

 (Insert patient daytime phone number (e.g., cell phone)

Dear CBD Treatment Approval Committee Reviewers,

Please find the requested medical documentation regarding (Insert patient name and date of birth). She/he has a diagnosis of intractable epilepsy since (Insert age of diagnosis). (Insert patient name) has received the following medications for the treatment of epilepsy (List prior antiepileptic drugs) without achieving seizure control. Currently, (Insert patient name) is taking the following antiepileptic drugs (AEDs) at these doses: (Insert current list of antiepileptic drugs).

(Insert patient name) has the following seizure type(s) and seizure frequency per month: (Insert seizure type and frequency of each seizure type per month). Please also find enclosed the seizure calendar documentation for the last three months.

Please include additional pertinent information, if applicable, including but not limited to: Vagus Nerve Stimulation (VNS), RNS, Corpus callostomy, or other prior epilepsy surgery. Please confirm that the settings of the device have remained stable for at least 3 months (Insert the date of the last adjustment here). For patients who have undergone epilepsy surgery please provide the date of surgery (Insert the date of the surgery here).

Enclosed is the following information:

* Report of most recent Brain MRI, (Insert date of MRI report)
* Report of most recent Electrocardiogram (ECG), (Insert date of ECG report)
* Video/EEG monitoring report confirming the diagnosis of epilepsy,
* Digital copy of a routine EEG along with the formal written report performed within 3 months prior to submitting these records for CBD Treatment Approval Committee review
* Documentation of failed AEDs, including one trial of a combination of two concomitant AEDs, without successful seizure control. Provide highest dose of each AED tried.
* Documentation of between 1-4 baseline anti-epileptic drugs at stable doses for a minimum of 4 weeks prior to submitting these records for CBD Treatment Approval Committee review.
* Current Medication List
* If applicable, documentation of VNS or RNS implantation and evidence that settings have not been adjusted within 3 months prior to submitting these records to the CBD Treatment Approval Committee for review,
* If applicable, provide report of Corpus Callostomy or other prior epilepsy surgery (Insert the date of the surgery here).
* If on ketogenic diet, documentation that patient has been on stable ratio for a minimum of 3 months.
* Documentation indicating seizure type(s), and number of each type of seizures per month
* Documentation of seizure calendars for at least 3 months prior to submitting these records for CBD Treatment Approval Committee review. The patient will need to provide an updated calendar at the time of enrollment.
* Results of routine laboratory studies, including but not limited to CBC, CMP, LFTs, renal panel, UA, and levels of all AEDs within 3 months prior to submitting these records for CBD Treatment Approval Committee review. If any AED dose was adjusted within the 3 months prior to submitting these records for CBD Treatment Approval Committee review, level on the new dose will need to be provided.
* Results of any metabolic or genetic testing that have been completed.

I would like to refer (Insert patient name) for consideration for selection into UAB CBD Open Access Program.

If you have any questions about the information included in this letter or documentation enclosed, please contact us at (Insert phone number).

Thank you in advance for your consideration.

Sincerely,

(Insert Physician Name, Office/Practice Affiliation)

Enclosed Documentation – (Insert number of pages)