Clinic/Organization Name
Address
Phone #
Fax #

MM/DD/YYYY

Patient Name
MRN #

To whom it may concern,

This letter serves to document that Patient Name has been in my care since MM/DD/YYYY and has a diagnosis of Familial Chylomicronemia Syndrome (FCS). I have included information about the patient medical history and diagnosis and a statement that summarizes their ongoing treatment.

FCS is a rare, autosomal recessive disorder caused by genetic variants that impair lipoprotein lipase (LPL) activity. In people with FCS, the loss of LPL activity leads to the accumulation of triglycerides and chylomicrons, resulting in fasting levels at 10x-100x the normal level that do not respond to traditional treatments. Hyperchylomicronemia and the associated severe hypertriglyceridemia may lead to complications, including recurrent abdominal pain and acute or recurrent acute pancreatitis which can lead to chronic pancreatitis and/or be fatal.

My office notes and diagnostics for this patient substantiate their pain symptoms and do not indicate they engage in drug seeking behaviors. This patient commonly present to hospitals with abdominal pain and/or other symptoms of pancreatitis. In addition to your standard protocol of diagnostics for possible acute pancreatitis, I recommend they have a non-fasting triglycerides level drawn, and be admitted, if clinically appropriate, upon receipt of abnormally high results. This patient's triglycerides have failed to be controlled with Treatment.

Thank you for your review.

Physician Name
NPI #