

Instructions To Physician/Therapist providing proof of diagnosis letter:

Please confirm your patient has been diagnosed with an autism spectrum disorder in order to verify qualification for the AutismWish gifting program. Minimal information is needed (just the patient's first name, age or year of birth, and confirmation of ASD diagnosis). Please do not include any other private medical or identifying information and print it on official letterhead.

Sample Letter:

"To Whom It May Concern - For Consideration of the AutismWish Program:

I am the physician who evaluated [CHILD'S FIRST NAME], [Year Born: 0000 or age]. At this time, his/her diagnosis is Autism Spectrum Disorder."

-Signature-



www.AutismWish.org