

**County of San Bernardino
Department of Behavioral Health**

Date:

Re:

Dear Parent/Legal Guardian:

Your child was referred for a medication evaluation. The presenting problem was

I would like to prescribe the following medication:

Medications	Dosage range
1.	
2.	
3.	
4.	
5.	
6.	

It is my psychiatric opinion that your child could benefit from the medication(s) above. Please find a list of possible side effects enclosed for your review. The circled category(s) represent the medication(s) being prescribed. Should you wish to discuss this with me, please call between _____ of any week.

Please return the signed consent form as soon as possible.

Thank you for your time and cooperation.

Sincerely,

Behavioral Health Psychiatrist