

LMN for Cough Assist

Date:

Re:

DOB:

To whom it may concern:

(Patient) is a (age/sex) is diagnosed with (diagnosis). (Patient) is non-ambulatory and has difficulty clearing his/her secretions due to a weak cough and poor muscle tone. Due to his/her complex medical condition and progressive neuromuscular disease he/she requires a cough assist device. This device is standard of care for individuals with SMA, Quadriplegics and other neuromuscular disorders and is medically necessary for (patient) daily care. In order to keep (patient) healthy and without respiratory illness, He/She will have a lifetime need for this medical device.

Sincerely,

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