



UT Medical Group, Inc.
Department of Pediatrics
Primary Care Clinic
777 Washington Ave., Suite P110, Area 3
Memphis, TN 38105
901-448-2000

Date: ___/___/___

Re: _____, DOB: ___/___/___

Address: _____

Phone: _____

To Whom It May Concern:

I would like the school system to test my child, named above, for possible learning problems as recommended by his/her doctor. I would also like to meet with the school after the testing is completed to discuss the tests and any plans for my child.

Sincerely,

Parent/Guardian