Date:

Student Name:

DOB:

To Whom it May Concern:

Name of Student is a patient of Name of Doctor at Clinic or Hospital in City/State. Name of Student has a rare urological diagnosis and has undergone surgery in the past couple of years to support their urological health.

**It is imperative that** **Name of Studentuses the restroom to catheterize every 3-4 hours to empty their bladder with no exceptions. They are at higher risk for bladder ruptures, which are life threatening.**

Name of Student should not be penalized for this missed class time as it is due to a medical need. They should always be granted unlimited bathroom access during the school day. In addition, they should always have access to water for adequate hydration. We recommend that they keep a water bottle at their desk or on their person at all times.

The student may choose to carry a copy of this letter during the school day in the event that a substitute teacher is covering a class, or there is an emergency at school that disrupts the schedule.

If you have any questions, please consult with our office at phone number and/or email.

Best Regards,

Doctor's Name

Title

Clinic or Hospital Name