

Patient Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group Plan \_\_\_\_\_

Patient I. D. Number \_\_\_\_\_ Patient DOB \_\_\_\_\_

To Whom It May Concern:

This is to certify that I am currently treating the above patient for recurrent major depressions (DSMIV-296.3X) with a seasonal pattern (also known as Seasonal Affective Disorder or S.A.D.). Refer to Seasonal Pattern Specifier. In this patient’s case, S.A.D. appears to be 1) An isolated/singularly-diagnosed psychiatric disorder 2) An additional diagnosis in the presence of previously existing disorders of other origin.

I am prescribing phototherapy for this patient, which I consider to be both a necessary and preferable form of treatment. In order to administer phototherapy, the use of a specialized lighting device, such as indicated on the attached invoice is required. Because phototherapy is a daily treatment with specific protocols as to time of day and duration of treatment, it is essential that the above patient have the home-use unit I have prescribed for practical and effective therapy. The use of bright light should be regarded as a medical necessity and may be used in conjunction with other forms of treatment.

Note to Provider: Referral to “seasonal patterns of depression” has been included in the most recent revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). First developed at the National Institute of Mental Health in Bethesda, Maryland in the early 1980s, **phototherapy for Seasonal Affective Disorder is now a medical mainstream psychiatric treatment, not an experimental therapy.** According to the December 8, 1993 issue of The Journal of the American Medical Association (JAMA), “For many patients with SAD, light therapy should be regarded as a first-line treatment, given its high success and acceptance rate” (Volume 270, No. 22, pages 2717-2720). Not only is its clinical application widespread and increasing, it is cited as the treatment of choice in the Task Force Report of the American Psychiatric Association: treatment of Psychiatric Disorders, Vol. 3., pages 1890-1896, A.P.A. Press, 1989. That Task Force report recommends light therapy as treatment for the range of clinical depression diagnoses including:

<b>CODE NO.</b>	<b>DIAGNOSIS</b>
DSM IV-296.3X	Major Depression, Recurrent
DSM IV-296.4X	Bipolar Disorder, most recent episode-Manic
DSM IV-296.5X	Bipolar Disorder, Depressed
DSM IV-296.6X	Bipolar Disorder, Mixed
DSM IV-296.8	Bipolar Disorder, NOS
DSM IV-311.00	Depressive Disorder, NOS

These procedures conform to April 1993 U.S. Public Health Service Agency for Health Care Policy and research guidelines for management of this disorder.

PUBLICATION #	PUBLICATION TITLE
AHCPR93-0551	Depress: Guideline Vol. 2
AHCPR93-0553	Depres: Patient Guide

Sincerely,

\_\_\_\_\_  
(Prescribing Doctor)

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(Date)