

**Date:**

**To Whom It May Concern,**

This letter confirms that **[Patient's Full Name]**, is under my care and has been diagnosed with Multiple System Atrophy on [year]. As a result, they experience significant speech challenges, and their speech has changed since symptom onset.

For further information, please contact me at **[Provider's Phone Number]** or **[Provider's Email Address]**.

Sincerely,

[signature]

**[Provider's Full Name, Credentials]**

**[Provider's Title]**

**[Provider's Contact Information]**