



**LOS ANGELES COUNTY  
DEPARTMENT OF MENTAL HEALTH**

JONATHAN E. SHERIN, M.D., Ph.D., Director  
ROBIN KAY, Ph.D., Chief Deputy Director  
RODERICK SHANER, M.D., Medical Director



Enter Date

Enter Beneficiary's Name

Enter Address

Enter City, Enter State Enter ZIP Code

SUBJECT: REQUEST FOR CHANGE OF PROVIDER

Dear Enter Ms. or Mr. and Beneficiary's Last Name:

This is to confirm our recent conversation regarding your request to change providers.  
Your new provider is Enter Staff Name.

An appointment has been scheduled for Enter Day/Date at Enter Time.

If you wish to reschedule this appointment, please contact our office by calling Enter  
Phone Number.

Sincerely,

Enter Program Manager's Name

Enter Program Name

Enter Initial(s)

c: