



McKinzie Gardens

1000 N. State Drive
Norman, OK 73071
(405) 292-0692
(405) 364-3934 Fax

To Whom It May Concern:

_____ has applied for housing through McKinzie Gardens.
He/she is a client of _____. His/her diagnosis is as
follows: (please write in print)

His/her condition remains severe and persistent.

Sincerely,

Physician signature

Printed Name

Date