

# Medical Referral Request

Date: [Insert Date]

To: [Insert Physical Therapist's Name]

[Insert Physical Therapist's Address]

Dear [Insert Physical Therapist's Name],

I am writing to refer my patient, [Patient's Name], who is [Patient's Age] years old. [He/She/They] recently experienced [brief description of the medical issue or condition], which has prompted the need for physical therapy.

After conducting a thorough examination, I believe that physical therapy will greatly benefit [his/her/their] recovery and rehabilitation process.

Enclosed are [Patient's Name]'s medical history, relevant test results, and any other documents that may assist in your evaluation and treatment.

Please schedule an appointment at your earliest convenience and do not hesitate to contact me if you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]