

# Medical Referral Request for Rehabilitation Services

**Date:** [Insert Date]

**To:** [Rehabilitation Center Name]

**Address:** [Rehabilitation Center Address]

**From:** [Your Name]

**Your Title:** [Your Title]

**Contact Information:** [Your Phone Number, Email]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for rehabilitation services. [Patient's Name] was diagnosed with [Diagnosis or Condition] and requires specialized rehabilitation to aid in their recovery process.

[Patient's Name] has been under my care since [Date of First Consultation] and has shown [brief description of patient's progress or challenges]. I believe that your facility can provide the necessary therapeutic interventions to assist in their rehabilitation journey.

Please find attached [any relevant medical records, previous treatments, etc.]. I kindly request that you evaluate [Patient's Name] and establish a suitable treatment plan.

Thank you for your attention to this matter. Should you need further information, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Title]

[Your Institution or Practice Name]