

Referral for Voice Therapy

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for voice therapy. [He/She/They] has been experiencing difficulties with [specific voice issues, e.g., hoarseness, strain, etc.], which have affected [his/her/their] ability to communicate effectively.

[Patient's Name] has previously undergone [any relevant treatment or evaluation], and despite these efforts, [he/she/they] continues to experience challenges. I believe that specialized voice therapy would greatly benefit [him/her/them].

Please find attached [any relevant medical records or assessments]. I appreciate your attention to this referral and look forward to your professional insights regarding [Patient's Name]'s therapy progress.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice/Organization]