

Physiotherapy Referral Notification

Date: [Insert Date]

To Whom It May Concern,

We are pleased to inform you that [Client's Name] has been referred to our physiotherapy clinic for treatment. The referral was made by [Referring Physician's Name] on [Referral Date].

Client Details:

- Name: [Client's Name]
- Date of Birth: [Client's DOB]

Please feel free to contact us at [Clinic's Phone Number] or [Clinic's Email Address] should you require any further information.

Thank you for your collaboration.

Sincerely,

[Your Name]

[Your Title]

[Clinic's Name]

[Clinic's Address]

[Clinic's Phone Number]

[Clinic's Email Address]