

Medical Partnership Agreement Proposal

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Practice Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to propose a partnership between [Your Practice Name] and [Recipient's Practice Name]. Our shared goals in providing quality healthcare can lead to a fruitful collaboration.

The key aspects of the proposed partnership include:

- Collaborative patient care initiatives
- Shared resources and referrals
- Joint educational workshops
- Data sharing to improve patient outcomes

I believe our partnership can enhance the services we offer and expand our patient base. I would appreciate the opportunity to discuss this proposal further at your convenience.

Thank you for considering this partnership. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]