

# Physical Therapy Referral

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

To Whom It May Concern,

I am writing to refer [Employee Name], who has sustained a workplace injury on [Date of Injury]. In accordance with our company policy, a thorough physical therapy assessment is required to determine the best course of treatment.

**Employee Information:**

Name: [Employee Name]

Job Title: [Employee's Job Title]

Department: [Department Name]

**Injury Details:**

Date of Injury: [Date of Injury]

Description of Injury: [Brief Description of Injury]

Please conduct an assessment and provide a treatment plan for [Employee Name] at your earliest convenience. The timely initiation of physical therapy is crucial for their recovery and return to work.

Thank you for your prompt attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]