## **Referral Letter for Osteopathic Treatment**

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for osteopathic treatment. [Patient's Name] has been experiencing [describe specific symptoms or conditions], which I believe may benefit from osteopathic evaluation and management.

As part of the referral process, I would like to highlight the following pertinent medical history and observations:

Medical Condition: [Condition Details]
Previous Treatments: [Treatment Details]

• Current Medication: [Medication List]

I recommend that [Patient's Name] receive an osteopathic assessment to explore treatment options including [specific treatments or modalities, e.g., manipulation, physical therapy]. I trust that your expertise in osteopathic medicine will provide the patient with the best care possible.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Your Clinic Address]