

Referral for Physical Therapy

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], to your esteemed physical therapy clinic for evaluation and treatment.

[Patient's Name] has been experiencing [brief description of the condition, symptoms, and duration]. Following my assessment, I believe that physical therapy will be beneficial in addressing [specific issues or goals].

Please find enclosed relevant medical records and previous treatment notes for your reference.

I appreciate your assistance in providing the necessary care to my patient. Should you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Address]

[City, State, Zip Code]