

Patient Referral for Cardiology Rehabilitation Program

Date: [Insert Date]

To: [Rehabilitation Program Coordinator]

Facility Name: [Facility Name]

Address: [Facility Address]

Dear [Coordinator's Name],

I am writing to refer my patient, **[Patient Name]**, who has been diagnosed with **[Diagnosis]**. Given their recent clinical history and current health status, I believe they would greatly benefit from your Cardiology Rehabilitation Program.

Patient Information:

- **Age:** [Patient Age]
- **Gender:** [Patient Gender]
- **Contact Information:** [Patient Contact Info]

Clinical History:

[Brief description of the patient's medical history and current condition]

Following my assessment, I believe that participation in your program will provide **[Patient Name]** with the necessary support and rehabilitation to improve their cardiovascular health and overall well-being.

Please find attached the patient's medical records and any additional information required for the referral process.

Thank you for your attention to this matter. I look forward to your response and the opportunity for **[Patient Name]** to benefit from your expertise.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Medical Practice/Institution]