

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for nutritional therapy to address their chronic condition, [specific chronic condition].

[Patient's Name] has been under my care since [insert date] and has been diagnosed with [list relevant medical history and conditions]. Despite my management efforts, [he/she/they] continues to experience symptoms including [list symptoms].

I believe that a specialized nutritional therapy program could greatly benefit [Patient's Name], aiding in their overall treatment and management of [specific chronic condition].

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

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[City, State, Zip Code]