

# Palliative Care Resource Referral

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], who has been diagnosed with [Patient's Condition], for palliative care services. It is my belief that these services will greatly benefit [him/her/them] in managing symptoms and improving quality of life.

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Diagnosis: [Patient's Condition]
- Contact Information: [Patient's Contact Info]

Please do not hesitate to contact me if you require any further information or clarification regarding this referral.

Thank you for your attention to this matter. I look forward to the collaboration in providing care for [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Your Contact Information]