

Patient Rehabilitation Services Coordination

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Organization: [Recipient's Organization]

Address: [Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to facilitate the coordination of rehabilitation services for our mutual patient, [Patient's Name], who is currently undergoing treatment for [specific condition].

As part of the rehabilitation process, we would like to implement the following intervention plan:

- Assessment of patient's needs by [Assigned Therapist/Coordinator].
- Scheduled sessions for [type of therapy] starting from [start date].
- Collaboration with [other healthcare providers] for comprehensive care.

Please let us know your available times for a coordination meeting to discuss this plan further. Our objective is to ensure a seamless transition into rehabilitation and to support [Patient's Name] in their recovery journey.

Thank you for your cooperation and support.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]