

Healthcare Intervention Coordination

Date: [Insert Date]

To: [Receiver's Name]

Address: [Receiver's Address]

Subject: Urgent Care Referral

Dear [Receiver's Name],

I hope this message finds you well. I am writing to formally refer [Patient's Name], a [age]-year-old [gender] patient, for urgent care services. This referral is based on [brief description of patient's condition and reason for urgent care].

Details of the patient are as follows:

- **Patient Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's DOB]
- **Insurance Information:** [Insurance Provider, Policy Number]
- **Contact Information:** [Patient's Phone Number, Email]

Attached you will find pertinent medical records, including [list any attached documents, e.g., test results, prior treatment notes], which may assist in the coordination of care.

Please do not hesitate to contact me if you require any further information or assistance regarding this referral. I appreciate your timely attention to this matter.

Thank you for your collaboration in providing the best care for our patients.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]