

# Radiology Services Referral Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm your referral for radiology services. Below are the details of the referral:

**Referring Physician:** [Referring Physician's Name]

**Patient Name:** [Patient's Name]

**Patient ID:** [Patient ID]

**Procedure Required:** [Type of Radiology Procedure]

**Date of Appointment:** [Date]

**Time of Appointment:** [Time]

**Location:** [Facility Name and Address]

If you have any questions or require further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for choosing our radiology services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]