

# Rehabilitation Program Referral Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a referral to a rehabilitation program for [Patient's Name], who has been under my care for [duration]. After careful assessment and consideration, I believe that [he/she/they] would greatly benefit from specialized rehabilitation services to address [specific issues or conditions].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Details]

Clinical Summary:

[Provide a brief clinical history and the reasons for referral to the rehabilitation program]

I would appreciate your assistance in processing this referral as soon as possible. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]

[Your Contact Information]