

Patient Referral Request

Date: [Insert Date]

To: [Chiropractic Clinic Name]

Address: [Clinic Address]

Dear [Chiropractor's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing [brief description of the patient's condition]. After thorough evaluation, I believe that chiropractic care could greatly benefit their recovery.

Patient Information:

- **Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's DOB]
- **Contact Number:** [Patient's Phone Number]

Medical History:

- [Brief medical history or relevant information]
- [Current medications or treatments]

I would appreciate your assessment and recommendation for treatment. Please feel free to contact me if you require additional information regarding [Patient's First Name]'s condition.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Contact Information]