

Referral Request for Chiropractic Specialist

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Practice/Organization Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a professional referral for chiropractic services for my patient, [Patient's Name], who has been experiencing [brief description of the patient's condition].

After careful evaluation, I believe that [Patient's Name] would greatly benefit from the expertise of a chiropractic specialist. Your practice comes highly recommended, and I feel confident that they will receive exceptional care under your guidance.

Please let me know if you would be willing to see [Patient's Name] and provide your expert evaluation and treatment recommendations. I have attached the relevant medical records for your review.

Thank you for considering this referral. I appreciate your assistance and look forward to your response.

Sincerely,
[Your Name]
[Your Title/Position]
[Your Practice/Organization Name]