

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

Dear [Chiropractor's Name],

I am writing to refer my patient, [Patient's Name], to you for chiropractic evaluation and treatment. [Patient's Name], age [Patient's Age], has been experiencing [brief description of symptoms or condition].

After a thorough examination, I believe that chiropractic care may be beneficial for [him/her/them] to address [specific concerns]. The patient is currently under my care for [any relevant medical history], and I trust that your expertise will provide the appropriate management for [his/her/their] conditions.

Please find attached [any relevant medical records or reports]. I appreciate your attention to this matter and would be grateful if you could keep me updated on [Patient's Name]'s progress.

Thank you for your collaboration in providing quality care.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]