

Inquiry Regarding Physical Therapy Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Clinic/Facility Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. My name is [Your Name], and I am interested in learning more about the physical therapy services offered at [Clinic/Facility Name]. I am reaching out to inquire about the following:

- The types of physical therapy services you provide.
- Availability of appointment slots for new patients.
- Do you accept [Insurance Provider]?
- Information on treatment plans and assessments.
- Any initial consultation fees or procedures.

I would greatly appreciate any information you can provide regarding these services. Thank you for your time and assistance.

Sincerely,

[Your Name]