

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for a physical therapy consultation due to [brief description of the condition or reason for referral]. [Patient's Name] has been experiencing [details about symptoms or limitations] which has impacted their daily activities.

Relevant medical history includes [mention any significant medical history or previous treatments]. I believe that physical therapy will be beneficial for [his/her/their] recovery and improvement of function.

Please do not hesitate to contact me should you require any additional information regarding this case. Thank you for your assistance in the care of my patient.

Sincerely,

[Your Name]

[Your Credentials]