

Respiratory Therapy Referral Request

Date: [Insert Date]

To: [Therapist's Name]

Address: [Therapist's Address]

City, State, Zip: [City, State, Zip]

Dear [Therapist's Name],

I am writing to refer my patient, [Patient's Full Name], for respiratory therapy evaluation and treatment. The patient has been experiencing [brief description of symptoms or condition].

The relevant medical history includes:

- Diagnosis: [Insert Diagnosis]
- Current Medications: [List Medications]
- Previous Treatments: [List Treatments]

Given the patient's condition, I believe that [he/she/they] would benefit greatly from your expertise in respiratory therapy.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Facility Name]

[Your Facility Address]

[Your City, State, Zip]