

Referral for Addiction Recovery Program

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], who has been struggling with addiction issues. After thorough assessment and discussion, I believe that [he/she/they] would greatly benefit from participation in your addiction recovery program.

[Patient's Name] has demonstrated a commitment to changing [his/her/their] life and seeks the support and structure that your program offers. I am confident that [his/her/their] participation will lead to positive outcomes.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require further information or wish to discuss this referral in more detail.

Thank you for considering this referral. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Contact Information]