

Referral Letter

Date: [Insert Date]

To: [Therapist's Name]

[Therapist's Address]

[City, State, Zip Code]

Dear [Therapist's Name],

I am writing to refer my patient, [Patient's Full Name], for pain management therapy intervention. [Patient's Full Name] has been experiencing chronic pain due to [specific condition or injury] for [duration of time].

After conducting an initial assessment, I believe that specialized pain management therapy would be beneficial in addressing [his/her/their] symptoms and improving overall quality of life.

Please find attached [his/her/their] medical history and relevant imaging studies for your review.

Thank you for your attention to this matter. I look forward to your evaluation and recommendations for [Patient's First Name].

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]