

Referral for Speech Therapy Services

Date: **[Insert Date]**

To: [Speech Therapy Specialist's Name]

[Speech Therapy Clinic Name]

[Clinic Address]

[City, State, Zip]

Dear [Speech Therapy Specialist's Name],

I am writing to refer my patient, **[Patient's Full Name]**, who has been experiencing challenges with speech and language development. After a thorough evaluation, I believe that specialized speech therapy is necessary to support their progress.

Patient Information:

- **Age:** [Patient's Age]
- **Date of Birth:** [Patient's DOB]
- **Insurance Information:** [Insurance Provider]

Clinical Background:

[Brief description of the patient's speech/language issues, history, and any previous interventions].

I believe that your expertise will greatly benefit **[Patient's Name]** in addressing these challenges. Please feel free to contact me if you need any further information or if you would like to discuss this referral in more detail.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]

[Your Practice/Organization Name]

[Practice Address]

[City, State, Zip]