Patient Referral Confirmation

Dear [Recipient's Name],

We are writing to confirm the referral of your patient, [Patient's Name], to [Referring Specialist/Provider's Name] for further evaluation and management.

Patient Details:
Name: [Patient's Name]
Date of Birth: [Patient's DOB]
Medical Record Number: [Patient's MRN]

Referral Details:
Reason for Referral: [Reason for Referral]
Date of Referral: [Date]
Anticipated Appointment Date: [Date]

Please ensure that all relevant medical records and test results are forwarded to [Referring Specialist/Provider's Name] prior to the appointment. Should you have any questions, feel free to contact our office at [Office Phone Number].

Thank you for your collaboration.

Sincerely,
[Your Name]
[Your Title]
[Your Organization]
[Contact Information]