Patient Referral Confirmation

Date: [Insert Date]

Dear [Referring Physician's Name],

We have received your referral for [Patient's Name], who is being referred for [specific reason for referral]. We appreciate your trust in our services and will ensure that [Patient's Name] receives comprehensive care.

Please find the patient's details below:

- Patient Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Contact Number: [Patient's Contact Number]
- Medical History: [Brief Overview of Medical History]

We will review the case and get back to you with our findings and recommendations shortly. If you have any further information to share or questions, please feel free to reach out.

Thank you for your referral.

Sincerely,

[Your Name]

[Your Title]

[Practice/Facility Name]

[Contact Information]