

Patient Referral Recognition

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name or Your Organization's Name]

Subject: Acknowledgment of Patient Referral

Dear [Healthcare Provider's Name],

We would like to take this opportunity to recognize and thank you for referring [Patient's Name] to our clinic. Your trust in our services is greatly appreciated, and we are committed to providing the highest level of care to your patients.

We have received [Patient's Name] and are currently in the process of evaluating their needs. We will keep you updated on their progress and any developments regarding their treatment plan.

Thank you once again for your referral. Please do not hesitate to contact us if you have any questions or need further information.

Sincerely,

[Your Name]

[Your Position]

[Your Organization's Name]

[Contact Information]