

Patient Referral Validation Letter

Date: [Insert Date]

To: [Insert Referring Physician's Name]

[Insert Referring Physician's Address]

Dear Dr. [Referring Physician's Last Name],

We have received your referral for [Patient's Full Name], and we are writing to confirm the details regarding the validation of this referral.

Patient Information:

- **Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's Date of Birth]
- **Insurance Information:** [Insurance Details]

The purpose of the referral is to assess [specific reason for referral]. We appreciate your attention to detail in providing the necessary medical history and any relevant test results.

Please ensure that all pertinent documentation is forwarded to our office before [Insert Deadline for Documentation]. Should you have any questions or require further information, do not hesitate to contact our office at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Full Name]

[Your Title]

[Your Facility Name]

[Your Facility Address]

[Your Facility Phone Number]