

Referral Acknowledgment Letter

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Referring Provider's Name]

[Referring Provider's Title]

[Referring Provider's Organization]

[Referring Provider's Address]

[City, State, Zip Code]

Dear [Referring Provider's Name],

Thank you for your referral of [Patient's Name] to our facility. We appreciate your trust in our services and would like to confirm that we have received the referral.

We have scheduled an appointment for [Patient's Name] on [Appointment Date] at [Appointment Time]. The appointment will take place at [Location or Department].

We will keep you updated on [Patient's Name]'s progress and will send a summary of the visit following the appointment. Please do not hesitate to reach out if you have any questions or require further information.

Thank you once again for your referral.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]