

Referral Receipt

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We acknowledge the receipt of your referral to our clinic. Below are the details of your referral:

- **Referring Physician:** [Referring Physician's Name]
- **Reason for Referral:** [Reason for Referral]
- **Scheduled Appointment Date:** [Appointment Date]
- **Location:** [Clinic Address]

Please bring this letter along with you to your appointment.

Thank you,

[Your Clinic Name]

[Contact Information]