

Consultation Request for Stroke Therapy Services

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request a consultation for stroke therapy services for [Patient's Name], who recently suffered a stroke on [Date of Stroke]. We are seeking specialized rehabilitation to assist in their recovery process.

[Patient's Name] has been experiencing [briefly describe symptoms or challenges], and we believe that your expertise in stroke therapy could greatly facilitate their rehabilitation.

We would appreciate the opportunity to discuss available services, assessments, and potential treatment plans at your earliest convenience. Please let us know your available times for a consultation.

Thank you for considering this request. I look forward to your prompt reply.

Sincerely,

[Your Name]