

Patient Referral Acknowledgment

Dear Dr. [Physician's Last Name],

We would like to take this opportunity to acknowledge the receipt of your patient referral for [Patient's Full Name], who was referred to us for [specific reason for referral].

We appreciate your trust in us and assure you that [Patient's First Name] will receive the highest standard of care. We have scheduled an appointment for [Patient's First Name] on [Date] at [Time].

If there are any additional details or medical records you wish to share prior to the appointment, please do not hesitate to contact us.

Thank you once again for your referral.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]