

# Patient Referral Acknowledgment Letter

Date: [Insert Date]

From: [Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To: [Referring Physician's Name]

[Referring Physician's Title]

[Referring Physician's Organization]

[Referring Physician's Address]

[City, State, Zip Code]

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

Thank you for your urgent referral of [Patient's Name], who was referred to our facility for [specific reason for referral]. We understand the importance of timely intervention and are dedicated to providing the best possible care.

We have received all relevant documentation and imaging provided with the referral, and our team has begun assessing the case. [Optional: Mention any initial findings or next steps].

Please feel free to reach out if you have any additional information or inquiries regarding the patient's treatment. We will keep you updated on [Patient's Name]'s progress and any significant developments.

Thank you for entrusting us with your patient's care.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]