Confirmation of Patient Referral

Date: [Insert Date]

Dear [Referring Physician's Name],

We are writing to confirm that we have received the referral for your patient, [Patient's Name]. We appreciate your trust in our services and will ensure that [he/she/they] receives the best possible care.

Our team will reach out to [Patient's Name] directly to schedule an appointment. If you have any specific concerns or additional information regarding the case, please feel free to contact us at [Your Contact Information].

Thank you for your referral and collaboration.

Sincerely,

[Your Name]

[Your Position]

[Your Practice/Institution Name]

[Your Contact Information]