

Patient Referral Confirmation

Date: [Insert Date]

To: [Referring Physician's Name]

From: [Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]

Dear [Referring Physician's Name],

Thank you for referring [Patient's Name] to our practice. We have received the referral and are in the process of scheduling an appointment.

Here are the details we have received:

- **Patient's Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Referral Reason:** [Reason for Referral]
- **Medical History:** [Brief Summary of Medical History]

Please let us know if there are any additional details or documents you would like to share regarding [Patient's Name]. We appreciate your collaboration in providing optimal care.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]