

Patient Referral for Rehabilitation Services

Date: [Insert Date]

Sender's Name: [Doctor's Name]

Sender's Address: [Clinic/Hospital Address]

Sender's Phone: [Phone Number]

Recipient's Name: [Rehabilitation Center Name]

Recipient's Address: [Rehabilitation Center Address]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to refer my patient, [Patient's Name], [Patient's Age], who has been under my care since [Start Date]. The patient has been diagnosed with [Diagnosis/Condition] and requires rehabilitation services for [specific needs or objectives].

Details:

- **Patient ID:** [Patient ID]
- **Medical History:** [Brief Summary of Medical History]
- **Current Medications:** [List of Medications]
- **Specific Rehabilitation Needs:** [Describe Rehabilitation Services Needed]

Please find attached [any relevant documents or test results]. I believe that [Rehabilitation Center Name] would provide the appropriate care and support for [Patient's Name].

Thank you for your assistance in this matter.

Sincerely,

[Doctor's Signature]

[Doctor's Name]

[Doctor's Title]