

Patient Support Services Referral

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

From: [Your Name]

Title: [Your Title]

Organization: [Your Organization]

Phone: [Your Phone Number]

Email: [Your Email]

Subject: Referral for Patient Support Services

Dear [Recipient Name],

We are writing to refer [Patient's Full Name], a [Patient's Age] year-old [gender] currently undergoing treatment for [Diagnosis/Condition]. Due to [reason for referral], we believe that the comprehensive support services provided by your team will greatly benefit the patient.

Please find the patient's relevant medical history and care plan attached for your review. We kindly ask that you contact us should you require any further information or clarifications regarding this referral.

Thank you for your attention to this important matter. We look forward to your collaboration in providing the best care for [Patient's First Name].

Best regards,

[Your Name]

[Your Title]

[Your Organization]

Attachments: [List of Attachments]