

Physician Referral Acceptance Letter

Date: [Insert Date]

To: [Referring Physician's Name]

[Referring Physician's Address]

[City, State, ZIP Code]

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

We are writing to formally acknowledge the receipt of your referral for [Patient's Full Name], who has been diagnosed with [specific chronic disease]. We appreciate your trust in our services for the management of this patient's condition.

At [Your Practice/Clinic Name], we are committed to providing comprehensive care tailored to the needs of our patients. Our team will ensure that [Patient's Name] receives the appropriate assessments and interventions required to effectively manage their health.

We will keep you updated on [Patient's Name]'s progress and any relevant treatment plans. Should you have any questions or require further information, please feel free to contact our office at [Your Phone Number] or [Your Email Address].

Thank you once again for your referral. We look forward to collaborating in the care of [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Clinic Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]