

Referral Acceptance Letter

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm that we have received your referral from Dr. [Referring Physician's Name] for follow-up care regarding [specific condition or issue]. We appreciate the trust you and Dr. [Referring Physician's Name] have placed in our practice.

Your appointment is scheduled for [Date and Time] at our office located at [Office Address]. Please arrive 15 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, feel free to contact our office at [Office Phone Number]. We look forward to providing you with quality care.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Practice Address]

[Practice Phone Number]