

Physician Referral Acceptance Letter

Date: [Insert Date]

[Referring Physician's Name]

[Referring Physician's Address]

[City, State, Zip Code]

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

We are pleased to inform you that we have received your referral for [Patient's Name] regarding [specific condition or concern]. We appreciate your trust in our multidisciplinary team.

Our team will conduct a comprehensive review of the case and develop a tailored approach to address the patient's needs. We will keep you updated on our findings and recommendations.

Please feel free to reach out if you have any additional information to share or if you have any questions.

Thank you for your collaboration.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]