

Physician Referral Acceptance

Date: [Insert Date]

To: [Referring Physician's Name]

From: [Your Physician's Name]

[Your Practice Name]

[Your Practice Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

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

Thank you for your recent referral of [Patient's Name] for education regarding [specific condition or topic]. We appreciate your trust in our services and are committed to providing the best care for your patient.

We have scheduled an appointment for [Patient's Name] on [Date] at [Time]. The session will focus on [brief rundown of the education plan]. A member of our team will follow up with you after the appointment to discuss any additional recommendations or findings.

If you have any questions or require further information, please do not hesitate to reach out.

Thank you for your collaboration.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]