

# Physician Referral Acceptance Letter

Date: [Insert Date]

Dr. [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 accepted your referral for rehabilitation services for your patient, [Patient's Name]. After reviewing the provided information, we believe that our services will be beneficial to their recovery process.

We will initiate an assessment and develop a personalized treatment plan tailored to [Patient's Name]'s needs. Our team will keep you updated on their progress and any necessary adjustments to their care.

Thank you for trusting us with your patient's rehabilitation needs. If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

[Your Name]  
[Your Title]  
[Rehabilitation Facility Name]  
[Facility Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]