

Physician Referral Acceptance Letter

Date: [Insert Date]

To: [Referring Physician's Name]
[Referring Physician's Office]
[Address]
[City, State, Zip]

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

Thank you for your referral of [Patient's Name], who was seen in our office on [Date of Visit]. We appreciate your confidence in our ability to provide specialized care.

After our evaluation, we have established a treatment plan that includes [brief summary of the treatment plan]. We will keep you updated on the patient's progress and will ensure that you receive all relevant information regarding their care.

If you have any further questions or require additional information, please feel free to contact our office at [Office Phone Number].

Thank you once again for your referral.

Sincerely,

[Specialist's Name]
[Specialist's Title]
[Specialist's Office]
[Address]
[City, State, Zip]
[Office Phone Number]