

# Physician Referral Acceptance

Date: [Insert Date]

Dr. [Referring Physician's Name]  
[Referring Physician's Address]  
[City, State, Zip Code]

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

We have received your referral for [Patient's Name], who is seeking treatment for [specific condition or diagnosis]. We appreciate your confidence in our care and are happy to accept this referral.

Upon review of the patient's medical records, we will initiate the necessary treatment plan and schedule the first appointment for [Insert Date]. Our team will ensure that we communicate back to you regarding the progress and any updates in the treatment process.

If you have any further information or concerns about the patient's condition that you would like to discuss, please feel free to contact us at [Your Contact Information].

Thank you once again for your referral. We look forward to collaborating in the care of [Patient's Name].

Sincerely,

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