

# Physician Referral Acceptance Letter

Date: [Date]

To: [Referring Physician's Name]

[Referring Physician's Address]

[City, State, ZIP Code]

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

We are writing to confirm the acceptance of your referral for urgent care assessment for [Patient's Name], who was referred to us on [Referral Date]. We appreciate your trust in our services and are committed to providing [Patient's Name] with the highest level of care.

The assessment is scheduled for [Date and Time of Appointment] at our urgent care facility located at [Facility Address]. Our team is prepared to conduct a thorough evaluation and will keep you updated on the findings and subsequent treatment plan.

If you have any additional information or special considerations regarding [Patient's Name], please feel free to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your referral. We look forward to collaborating with you in providing the best care for [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Facility Name]

[Your Facility Address]

[Your Phone Number]

[Your Email Address]