

Patient Referral for Respiratory Therapy Services

Date: [Insert Date]

To: [Respiratory Therapist's Name]

Facility: [Facility Name]

Address: [Facility Address]

City, State, Zip: [City, State, Zip]

Dear [Respiratory Therapist's Name],

I am writing to refer my patient, [Patient's Name], for respiratory therapy services. [He/She] is a [age]-year-old [male/female] with a diagnosis of [specific diagnosis, e.g., Chronic Obstructive Pulmonary Disease (COPD)].

Relevant medical history includes:

- [List relevant medical history or conditions]
- [Include any past treatments related to respiratory issues]
- [Highlight current medications that may affect therapy]

Current symptoms include:

- [List current symptoms]

Please provide [specific services requested, e.g., pulmonary rehabilitation, ventilator support, etc.] to assist in the management of [Patient's Name]'s condition.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]