

Referral Approval Letter

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your referral to see a specialist has been approved. We understand the importance of receiving specialized care for your health needs.

The details of your referral are as follows:

- **Specialist Name:** [Specialist's Name]
- **Specialty:** [Specialty Type]
- **Date of Appointment:** [Appointment Date]
- **Location:** [Specialist's Address]
- **Referral Code:** [Referral Code]

Please take this letter with you to your appointment. If you have any questions or require further assistance, do not hesitate to contact our office at [Office Phone Number].

We wish you the best in your upcoming appointment.

Sincerely,

[Physician's Name]

[Physician's Title]

[Medical Practice Name]

[Medical Practice Address]

[City, State, Zip Code]

[Phone Number]