

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Durable Medical Equipment Referral for Specialized Needs

I am writing to formally refer [Patient's Name], a [Patient's Age]-year-old patient with [brief description of diagnosis or condition], for the evaluation and provision of durable medical equipment tailored to their specialized needs.

After a thorough assessment, it is evident that [Patient's Name] requires [specific types of equipment, e.g., wheelchairs, oxygen therapy, etc.] due to [reason for equipment needs, e.g., mobility limitations, respiratory issues]. This equipment is essential for [description of how the equipment will benefit the patient, e.g., enhancing mobility, improving respiratory function].

Please find attached the necessary medical documentation, including [list any attached documents, e.g., prior evaluations, prescriptions]. I kindly request that you assess [Patient's Name] at your earliest convenience and provide the suitable equipment to address their needs.

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

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]