

Referral for Inpatient Alcohol Rehabilitation Treatment

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], for inpatient alcohol rehabilitation treatment. [Patient's Name] has been under my care since [Insert Date] and has been diagnosed with severe alcohol use disorder.

[Patient's Name] has experienced [briefly describe the patient's condition, history, and any relevant medical information]. Despite [his/her/their] efforts to manage [his/her/their] condition, it has become clear that [he/she/they] requires a structured and supportive environment to achieve lasting recovery.

Considering [his/her/their] medical history and current circumstances, I believe that an inpatient rehabilitation program will provide the necessary support and resources for [Patient's Name] to overcome [his/her/their] addiction and regain [his/her/their] health.

Please contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification. Your consideration of this referral is greatly appreciated.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Your Contact Information]