

Orthopedic Service Referral Process Update

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you about an important update regarding the orthopedic service referral process.

Effective [Insert Effective Date], the following changes will be implemented:

- Streamlined referral forms for faster processing.
- New point of contact for referral queries: [Insert Contact Name and Information].
- Updated timelines for appointment scheduling.

We believe these improvements will enhance the efficiency of our services and provide better care for our patients.

If you have any questions or need further information, please do not hesitate to reach out.

Thank you for your continued collaboration.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]