

[Date]

[Referring Physician Name]

[Referring Clinic Name]

[Address]

[City, State, Zip Code]

RE: Referral Acknowledgment for [Patient Full Name]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] to our practice for [Reason for Referral/Specialty].

We would like to inform you that:

- The referral was received on [Date Received].
- The patient's appointment is scheduled for [Date] at [Time].
- We have received the clinical notes and documentation provided.

We will provide you with a consultation report and a summary of our findings following the patient's visit. If you have any additional information or specific concerns regarding this patient, please contact our office at [Phone Number].

We appreciate the opportunity to participate in the care of your patient.

Sincerely,

[Signature]

[Your Name/Practice Name]

[Contact Information]