

[Clinic Name]

[Street Address]

[City, State, Zip Code]

Phone: [000-000-0000] | Fax: [000-000-0000]

Website: [www.clinicwebsite.com]

Provider: [Provider Name, Credentials]

Specialty: [Medical Specialty]

Email: [provider@email.com]

Direct Line: [000-000-0000]

Date: [Month Day, Year]

To: [Recipient Name/Patient Name]

Address: [Recipient Address]

RE: [Subject of Letter/Patient DOB]

Dear [Recipient Name],

[Type the body of the medical letter here.]

Sincerely,

[Provider Name]

[Title/Position]