Sincerely,

[Physician Full Name], [Medical Degree: e.g., MD, DO]
[Board Certification/Specialty]
[Department Name]
[Medical Facility or Clinic Name]

Direct Contact Information:
Office Phone: [Phone Number]
Direct Line/Extension: [Direct Number]
Secure Fax: [Fax Number]
Email: [Professional Email Address]
After-Hours/Pager: [Pager Number]

[Facility Address]
[City, State, Zip Code]