

[Medical Clinic Name]

[Street Address]

[City, State, Zip Code]

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

Email: [clinic-email@example.com]

Website: [www.clinicwebsite.com]

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

RE: [Patient Name / Subject Line]

Dear [Recipient Name],

[Type the body of the letter here.]

Sincerely,

[Signature]

[Doctor/Staff Name]

[Professional Title/Credentials]

Confidentiality Notice: This document contains privileged medical information intended only for the use of the individual or entity named above.