[Clinic Name]

[Clinic Address Line 1]
[Clinic Address Line 2]
[Phone Number] | [Email Address] | [Website]

[Date]

[Recipient Name]
[Recipient Title/Position]
[Recipient Organization/Address]

RE: [Subject of Letter - e.g., Patient Referral, Policy Update, Employment Offer]

Dear [Recipient Name],

[Paragraph 1: State the primary purpose of the letter. Clearly identify the patient, staff member, or administrative issue being addressed.]

[Paragraph 2: Provide necessary details, medical history, clinical findings, or specific management instructions. Include dates, dosages, or departmental requirements as applicable.]

[Paragraph 3: State the requested action or next steps. Provide a deadline if necessary and mention any attached documentation.]

Please contact our office at [Phone Number] if you require further information or clarification regarding this matter.

Sincerely,

_____
[Name of Sender]
[Professional Title]
[Clinic Name]