

[Physician's Office Name]  
[Physician's Full Name, MD/DO]  
[Specialty]  
[Office Address]  
[City, State, Zip Code]  
[Phone Number]  
[Fax Number]  
[Email Address]  
[Website URL]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Recipient's Address]  
[City, State, Zip Code]  
[Salutation],  
[Body of the letter...]  
[Sincerely/Best regards],  
[Physician's Name]  
[Physician's Title]  
[Optional: Additional Credentials]