

[Your Name]
[Your Title]
[Your Practice/Organization Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Referring Provider's Name]
[Referring Provider's Title]
[Referring Provider's Practice/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Referring Provider's Name],

I hope this message finds you well. I want to take a moment to express my sincere gratitude for trusting us with the care of your patient, [Patient's Name]. It is a privilege to collaborate with you in providing exceptional healthcare.

We appreciate your referral and are committed to ensuring [Patient's Name] receives the highest quality of care. Our team will keep you updated on their progress and outcomes as we continue to work together for the patient's best interest.

Thank you once again for your confidence in our services. Please feel free to reach out if you have any questions or if there's anything further we can assist you with.

Warm regards,

[Your Name]
[Your Title]
[Your Practice/Organization Name]