[Doctor's Name]
[Medical Degree]
[Specialization]
[Practice Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Website URL]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
Dear [Patient's Name],
[Body of the letter]
Sincerely,
[Doctor's Signature (if sending a hard copy)]
[Doctor's Name]
[Medical Degree]
[Practice Name]