

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

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for [specific procedure, program, position, etc.]. I have had the pleasure of treating [him/her/them] for [duration of time] at [Your Practice/Hospital Name], and I believe [he/she/they] would greatly benefit from [specific opportunity].

During the time I have worked with [Patient's Name], I have been impressed with [his/her/their] [mention specific qualities, e.g., commitment to recovery, resilience, etc.]. [Provide examples of patient interactions or progress].

[Patient's Name] has shown [mention relevant skills or attributes related to the recommendation]. I am confident that [he/she/they] will excel in [specific context of recommendation].

If you require any further information, please do not hesitate to contact me at [your contact information].

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]