

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title/Position]
[Medical Facility/Clinic Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request intravenous (IV) treatment for [specific condition or reason] as recommended by [referring physician's name] on [date of referral].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [If applicable]

Details of Treatment:

- Proposed Treatment: [Type of IV treatment or specific medication]
- Duration of Treatment: [e.g., number of sessions, total duration]
- Preferred Start Date: [Proposed start date]

Please find attached relevant medical records and any necessary documentation supporting this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Signature (if sending a hard copy)]