

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

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization/Practice Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Name], a [age] year-old [gender] who has been under my care since [date]. After thorough evaluation, I believe that intravenous (IV) therapy is a suitable treatment option for [his/her/their] condition, specifically [briefly describe the condition or diagnosis].

[Patient's Name] has exhibited [describe symptoms, challenges, or reasons for needing IV therapy] despite [mention any prior treatments or interventions]. I believe IV therapy will provide [mention intended benefits of the therapy, e.g., rapid relief, improved hydration, enhanced nutrient delivery].

I kindly request your assistance in facilitating the necessary arrangements for [Patient's Name] to begin IV therapy. Should you require any further information or wish to discuss this case in more detail, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

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