

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

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

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [age]-year-old [gender] who has been under my care since [date]. [He/She/They] has been experiencing [brief description of the issue/condition] and I believe that a referral to the International Workers' Compensation Company (IWCC) would be beneficial for [his/her/their] treatment and recovery.

[Provide a brief summary of the patient's medical history and relevant treatments.]

Based on my assessments, I believe that [Patient's Name] would benefit from a specialized evaluation and intervention from your team. I am confident that your expertise will greatly assist in addressing [his/her/their] needs.

Please find attached any relevant medical records and documentation for your review. Should you require any further information, feel free to contact me directly at [phone number] or [email address].

Thank you for considering this referral. I look forward to your collaboration in providing the best care for [Patient's Name].

Sincerely,

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