

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

[Recipient's Name]
[Recipient's Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for knee replacement surgery due to [specific medical condition, e.g., osteoarthritis, severe joint pain, etc.]. After thorough examination and consideration of their medical history, it is evident that conservative treatments have not resulted in significant improvement in their condition.

[Patient's Name] has experienced [describe symptoms, e.g., persistent pain, swelling, and decreased mobility] which have substantially affected their daily activities and quality of life. Given their current health status and the progress of their condition, I strongly believe that knee replacement surgery is the most appropriate course of action.

The surgery will provide [Patient's Name] with the opportunity to regain functionality and alleviate pain, ultimately leading to improved overall health and well-being.

Should you require any further information or documentation regarding [Patient's Name]'s condition, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Medical Institution/Practice Name]
[Your Medical License Number]