

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

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

Dear [Recipient's Name],

I am writing to recommend [Patient's Full Name] for knee replacement surgery. As [his/her/their] [physician/physical therapist/etc.], I have had the opportunity to observe [his/her/their] condition and the significant impact it has had on [his/her/their] quality of life.

[Patient's Name] has been experiencing chronic knee pain due to [specific condition, e.g., osteoarthritis], which has severely limited [his/her/their] ability to perform daily activities. After numerous treatments, including physical therapy and medication, it has become clear that conservative measures have not provided sufficient relief. Given [his/her/their] medical history and current state, I believe that knee replacement surgery is the most appropriate option to restore [his/her/their] mobility and improve overall health. This procedure has the potential to alleviate pain and enhance [his/her/their] quality of life significantly.

I highly recommend proceeding with this operation at your earliest convenience. Please feel free to contact me should you require any further information or clarification regarding [Patient's Name]'s medical status.

Thank you for considering this recommendation.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Organization/Institution]