

[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]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for knee replacement surgery. As [his/her/their] physician for the past [duration], I have closely monitored [his/her/their] condition and can attest to the necessity of this procedure.

[Patient's Name] has experienced [brief description of the patient's condition and symptoms], which has significantly impacted [his/her/their] quality of life. Despite conservative treatments, including [list treatments], [his/her/their] pain and mobility issues have persisted. After thorough evaluation and consideration of [Patient's Name]'s medical history and current health status, I strongly believe that knee replacement surgery is the most appropriate option to alleviate [his/her/their] symptoms and restore functionality.

I appreciate your attention to this matter and wholeheartedly recommend [Patient's Name] for this important procedure. Please feel free to contact me should you require any further information.

Sincerely,

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