

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a referral for lymphedema therapy. I have been experiencing symptoms related to lymphedema, including [briefly describe symptoms and duration], which have significantly impacted my daily life and overall well-being.

After discussing my condition with my healthcare provider, [Provider's Name], they believe that lymphedema therapy would be beneficial for managing my symptoms and improving my quality of life. Specifically, I am seeking [mention any specific type of therapy or treatment you are looking for, if applicable].

I would greatly appreciate your assistance in facilitating this referral at your earliest convenience. Please let me know if you require any additional information or documentation for this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]