

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

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

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for lymphatic drainage massage therapy. [Patient's Name] has been experiencing [brief description of the patient's condition and symptoms], and I believe that lymphatic drainage massage could be beneficial for their treatment plan. Lymphatic drainage massage is known for its potential to enhance lymphatic flow, reduce swelling, and improve overall wellness. Given [Patient's Name]'s current condition, I feel that this therapy could assist in [mention any specific goals or outcomes you expect].

Please find attached [any necessary medical records or details about the patient's treatment history]. I appreciate your expertise and support in providing [Patient's Name] with the necessary care.

Should you have any questions or require further information, please feel free to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this referral.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title]