

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

[Physician's Name]
[Physician's Practice Name]
[Physician's Address]
[City, State, Zip Code]

Dear Dr. [Physician's Last Name],
I hope this letter finds you well. I am writing to provide you with an update on our mutual patient, [Patient's Full Name], who has been receiving physical therapy at our clinic for [duration of therapy] due to [specific diagnosis or injury].

During the course of treatment, [Patient's Name] has shown [describe patient's progress, e.g., improvement in range of motion, strength, pain reduction]. We have focused on [briefly outline the treatment plan and modalities used].

As of today, [Patient's Name] is [describe current status, e.g., able to perform specific activities, comply with home exercise program]. Moving forward, we recommend [include any necessary recommendations, changes in therapy, or referrals].

Please feel free to contact me if you have any questions or need further information. Thank you for your continued collaboration in the care of [Patient's Name].

Sincerely,
[Your Full Name]
[Your Credentials]
[Your Title]
[Your Clinic Name]