

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

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for [specific procedure, program, or opportunity]. As [his/her/their] physician, I have had the pleasure of caring for [him/her/them] since [start date of care], and I can attest to [his/her/their] commitment to [his/her/their] health and well-being.

[Patient's Name] has demonstrated [mention specific qualities, skills, or achievements relevant to the recommendation]. Throughout our time working together, [he/she/they] has shown significant progress in [mention relevant progress or improvements] which speaks volumes to [his/her/their] dedication and perseverance.

I firmly believe that [Patient's Name] would be an excellent fit for [the program/opportunity] due to [his/her/their] qualities such as [list specific attributes or talents] and [his/her/their] strong desire to [mention relevant goals related to the opportunity].

If you have any further questions or require additional information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for considering my recommendation.

Sincerely,

[Your Name]  
[Your Title]  
[Your Practice/Organization Name]