

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

Dear [Recipient's Name],

I am writing this letter to recommend [Patient's Name] for rhinoplasty surgery. As [his/her/their] [your relationship to the patient (e.g., doctor, counselor)], I have had the opportunity to assess [his/her/their] concerns regarding [his/her/their] nasal appearance and function.

[Patient's Name] has expressed a desire to undergo rhinoplasty for both aesthetic and functional reasons. [He/She/They] have experienced [briefly describe relevant issues, e.g., difficulty breathing, dissatisfaction with nasal appearance]. In our discussions, [Patient's Name] has demonstrated a clear understanding of the procedure and realistic expectations for the outcomes.

I believe that rhinoplasty would greatly benefit [Patient's Name], as it will not only help [him/her/them] achieve [his/her/their] aesthetic goals but also improve [his/her/their] quality of life by addressing the functional issues. [Patient's Name] is a suitable candidate for the procedure, and I fully support [his/her/their] decision to pursue this option.

Please feel free to contact me if you require any further information or clarification regarding [Patient's Name]'s condition and suitability for the surgery.

Thank you for considering this recommendation.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]