

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Physical Therapist's Name]
[Physical Therapy Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Physical Therapist's Name],
I hope this letter finds you well. I am writing to request a physical therapy program following my recent knee replacement surgery on [surgery date]. My surgeon, [Surgeon's Name], has recommended that I begin physical therapy to aid in my recovery and regain mobility in my knee. I would appreciate it if we could schedule an assessment at your earliest convenience to develop a personalized rehabilitation plan. I am particularly interested in focusing on improving my strength, range of motion, and overall functionality in daily activities. Please let me know the available dates and times for my initial appointment. Thank you for your support in my recovery journey. I look forward to working with you.

Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]