

Date: [Insert Date]

[Referrer's Name]  
[Referrer's Title/Position, if applicable]  
[Referrer's Practice or Organization Name]  
[Address Line 1]  
[Address Line 2]

Dear [Referrer's Name],

On behalf of everyone at [Your Practice Name], I would like to express our sincere gratitude for your recent referral of [Patient's Name, or "your patient"]. We truly appreciate your confidence in our practice and your trust in our team to provide quality care.

At [Your Practice Name], we understand the importance of collaborative care and are committed to upholding the highest standards of medical service for every patient you refer. Please be assured that we will keep you informed of their progress and any important developments in their treatment.

Thank you once again for your valued partnership and for allowing us the privilege of caring for your patient. We look forward to continuing our professional relationship and supporting one another in providing exceptional healthcare within our community.

Should you need any additional information or wish to discuss any patient care matters, please feel free to contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,

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