\_\_\_\_\_ (Date)

\_\_\_\_\_ (Referring Doctor’s Name)

\_\_\_\_\_ (Referring Doctor’s Address)

\_\_\_\_\_ (Referring Doctor’s City/State/Zip)

Dear Dr. \_\_\_\_\_ (Referring Doctor’s Name),

Thank you for your confidence in referring \_\_\_\_\_ (Patient’s Name) to our practice for treatment. Unfortunately, we have not been able to schedule \_\_\_\_\_ (Patient’s Name) for the treatment you have recommended. We attempted to reach the patient on

* 1st Attempt: \_\_\_\_\_(Date)
* 2nd Attempt: \_\_\_\_\_ (Date)
* 3rd Attempt: \_\_\_\_\_ (Date)

We will let you know if we are able to schedule this patient in the future and hope you will revisit this referral at their next appointment in your office.

Please let me know if there is anything else we can do for you. We look forward to continuing to provide the best service to you and the patients you entrust to our care.

Best regards,

Dr. \_\_\_\_\_ (Doctor’s Name)

\_\_\_\_\_ (Practice Name)