

Acknowledgement of Referral Request

Date received: _____

This is a note to acknowledge that our office has received your referral for patient:

Name: _____ DOB: _____

Dr. _____ will be reviewing the patient's referral paperwork and will triage the patient to be scheduled.

Currently, the wait list is approximately ____ months. Patients will typically be advised of their appointment ____ weeks prior to their appointment. At that time, our office will contact the patient to inform them of their appointment date and time, what to expect during their appointment, and any necessary steps they must take in advance.

All patients are scheduled based on urgency.

Note: We require the following documents, not yet received, to be faxed to our office BEFORE an appointment time is given. Please send to us ASAP:

- _____
- _____
- _____

Please inform your patient of the timeframe for the referral. Our office will be sending a confirmation letter AFTER an appointment has been scheduled.

Sincerely,

Dr. _____
