

Referral Response

Date of response: _____

This is a referral response for patient:

Name: _____ DOB: _____

This patient has been accepted:

Yes

Date of appointment: _____

Time of appointment: _____

No

Reason(s): _____

We will inform the patient of their appointment date and time, and of any necessary steps they must take before their appointment.

Sincerely,

Dr. _____
