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Prepared: 06/01/10

**Notice to Another Physician on Referral of Active**

**Patient Care Pursuant to Wis. Stat. §446.02(7)(d)**

Date

Licensed Physician under Chapter 448 of Statutes

Address

City, WI Zip

 RE: (patient)

Dear Dr. :

This letter is intended to provide you with notice that I have referred (patient) to you since I have elected to discontinued the practice of chiropractic on this valued patient. It is my understanding that your principal office is located at the address referenced above and that this patient can reach you by calling (phone number) . Please have someone from your office contact my staff if this information on your principal office and telephone number is incorrect.

As required by the statutes, you will note that a copy of this letter has been sent to (patient) . Please feel free to contact our office if you are not contacted by this patient within the next thirty (30) days. It is my understanding that my staff then has authority to notify you of this patient’s contact information, unless (patient) should contact our office before that time to note his/her objection to the release of that confidential information to you or your staff.

It is my current belief that the patient’s condition is not treatable by the practice of chiropractic/or will not respond to further practice of chiropractic. This written record of my referral to you follows a discussion which I had with the patient for this referral which occurred on date . This present belief is based upon the following patient findings: (chiropractor must “describe the chiropractor’s findings” which form the basis for this referral)

This letter will confirm that I have made no representations to my patient regarding the quality, nature, and appropriateness of your treatment for his/her current findings. As such, I will defer any duty or obligation to you; as a physician, to now determine the appropriateness, nature, and scope of physicians care for this patient. Please do not hesitate to contact me, in writing, should you require any further information related to this patient’s chiropractic care.

Finally, this letter will confirm for the benefit of the patient that this office or another chiropractor may continue to provide maintenance, supportive, and wellness care to (patient) , if requested by him/her. The statutes permit the patient to continue these forms of chiropractic care following a patient’s referral to another health care professional. You are also free to refer this patient back to my office should you believe that his/her condition necessitates active chiropractic treatment for reasons other than maintenance, supportive, and wellness care.\*

I wish you all the best in the ongoing treatment of (patient) . Thank you.

Sincerely,

Treating chiropractor

cc: Patient

\*It is advisable that the chiropractor confirm this arrangement, in writing, with the patient. Please note that a copy of this letter to the referring physician must be maintained in the patient’s records.

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