

[Hospital Letterhead]

Date: **[Date]**

To the Program Director / Residency Selection Committee:

It is with great enthusiasm that I recommend **Dr. [Candidate Name]** for a position in your **[Specialty, e.g., Internal Medicine]** residency program. I had the pleasure of supervising Dr. **[Name]** during his/her clinical rotation in **[Department]** at **[Hospital Name]** from **[Start Date]** to **[End Date]**.

During this time, Dr. **[Name]** demonstrated a level of clinical judgment and professionalism well beyond his/her level of training. I was particularly impressed by his/her ability to **[Mention specific skill, e.g., take comprehensive patient histories / perform differential diagnoses under pressure]**.

Key Attributes:

- Bedside Manner: He/She established excellent rapport with diverse patient populations.
- Teamwork: He/She integrated seamlessly with the nursing staff and other residents.
- Medical Knowledge: He/She displayed a solid fund of knowledge and an eagerness to learn.

I firmly believe Dr. **[Name]** will be an outstanding resident and a future asset to the medical community. I recommend him/her without reservation.

Sincerely,

[Signature] [Attending Physician Name, MD/DO] [Title/Department] [Email/Phone]