

Medical Referral Request

Date: [Insert Date]

To: [Cardiology Specialist's Name]

Address: [Cardiology Specialist's Address]

Dear [Cardiology Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], to your esteemed practice for a comprehensive cardiology assessment. [He/She/They] has been experiencing [briefly describe symptoms or condition, e.g., persistent chest pain, shortness of breath] which necessitates a specialist evaluation.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Contact Information: [Patient's Phone Number and/or Email]

Medical History:

[Provide relevant medical history, including any known cardiovascular issues, medications, allergies, etc.]

Prior Investigations:

[List any pertinent lab tests, imaging, or prior cardiology consults and their results.]

I appreciate your attention to this matter and look forward to your evaluation and recommendations regarding [Patient's Full Name]. Please do not hesitate to contact me should you require further information. Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice/Organization Name]

[Your Contact Information]