

Medical Referral Request

From: Dr. John Smith, MD

Practice Name: General Medical Practice

Address: 123 Health St, Suite 100, City, State, ZIP

Phone: (123) 456-7890

Date: [Insert Date]

To: Dr. Jane Doe, MD

Specialty: Endocrinology

Practice Name: Endocrine Specialists

Address: 456 Wellness Blvd, City, State, ZIP

Patient Information

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's DOB]

Insurance Information: [Patient's Insurance Details]

Reason for Referral

[Insert detailed information regarding the patient's condition, history, and reason for referral, specifying any relevant symptoms, previous treatments, and any pertinent lab results.]

Additional Information

[Insert any additional information that may be relevant to the consultation.]

Thank you for your attention to this referral. Please feel free to contact me regarding any questions or further information needed.

Sincerely,

Dr. John Smith, MD

General Medical Practice