Medical Referral Request

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who is [Patient's Age] years old, for specialist consultation regarding [brief description of the medical issue].

Patient History:

- **Diagnosis:** [Diagnosis]
- **Treatment to Date:** [Summary of treatments and medications]
- **Relevant Medical History:** [Any important medical history]
- **Reason for Referral:** [Explanation of why the referral is necessary]

Please find attached [any relevant documents, test results, or imaging studies].

I appreciate your attention to this matter and look forward to your expert assessment and recommendations.

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Phone Number]

[Your Practice Name]

[Your Address]

[City, State, Zip Code]