

Ophthalmology Consultation Letter

Date: [Insert Date]

To: [Referring Physician's Name]

[Referring Physician's Address]

Dear [Referring Physician's Name],

Subject: Consultation for [Patient's Name], DOB: [Patient's Date of Birth]

I am writing to provide you with the findings from my recent examination of [Patient's Name], who was referred to me for evaluation of suspected macular degeneration.

During the examination on [Date of Examination], the following was observed:

- Visual Acuity: [Insert Visual Acuity Measurements]
- Fundoscopy: [Insert Findings]
- Additional Tests: [Insert Any Relevant Test Results]

Based on my assessment, [Patient's Name] demonstrates signs indicative of [dry/wet] macular degeneration. I recommend the following management plan:

- [Insert recommendation 1]
- [Insert recommendation 2]
- [Insert recommendation 3]

Please feel free to reach out if you have any questions or require further information. Thank you for the opportunity to assist in the care of your patient.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]