

# Ophthalmology Consultation Request

Date: [Insert Date]

To: [Ophthalmologist's Name]

[Ophthalmology Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Ophthalmologist's Name],

I am writing to request an ophthalmology consultation for my patient, [Patient's Full Name], who requires a routine eye exam.

## **Patient Details:**

- **Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's Date of Birth]
- **Insurance Information:** [Insurance Information]
- **Contact Number:** [Patient's Phone Number]

[Patient's Full Name] has been experiencing [brief description of symptoms or concerns, if any]. I believe a comprehensive examination by an ophthalmologist is warranted to assess [his/her] eye health and visual acuity.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or clarification.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Full Name]

[Your Title]

[Your Practice Name]

[Practice Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]