Cardiology Assessment Referral

Date: [Insert Date]

To: [Referring Physician's Name]

Clinic/Hospital: [Referring Clinic/Hospital Name]

Address: [Referring Address]

Dear [Referring Physician's Name],

I am writing to confirm the referral of your patient, **[Patient's Name]**, for a cardiology assessment. The patient presents with the following concerns:

- Chief complaint: [Insert chief complaint]
- Relevant medical history: [Insert relevant history]
- Medications: [Insert current medications]

Upon initial assessment, the patient exhibits:

- Vital signs: [Insert vital signs]
- Physical examination findings: [Insert findings]

We will conduct further investigations, including:

- [Insert any planned tests or imaging]
- [Insert any additional evaluations]

We will keep you updated on the patient's progress and any findings. Please feel free to reach out for any additional information or concerns.

Thank you for your referral.

Sincerely,
[Your Name]
[Your Title]
[Hospital/Clinic Name]
[Contact Information]