

Referral Recommendation for Chronic Condition Management

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 Name], who has been under my care for the management of [specific chronic condition]. After thorough evaluation and treatment attempts, I believe that a specialist's expertise is necessary to optimize [his/her/their] management.

[Patient's Name] has been experiencing [brief description of symptoms or condition status], and despite our current treatment plan, [he/she/they] continues to struggle with [list specific issues or complications].

I believe that your expertise in [specialist's field] will be incredibly beneficial in providing [Patient's Name] with the necessary care and interventions to improve [his/her/their] quality of life. Enclosed are [his/her/their] medical records, including [list any relevant tests, procedures, or other information].

Please feel free to reach out to me if you have any questions or require additional information. I appreciate your attention and look forward to your evaluation of [Patient's Name].

Thank you for your collaboration.

Sincerely,

[Your Name]

[Your Title/Profession]

[Your Contact Information]

[Your Practice Name]