

Endocrinology Referral Request

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Endocrinology Clinic/Practice Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], who is [Patient's Age] years old, for evaluation and management of [specific condition, e.g., diabetes, thyroid disorder].

[Patient's Full Name] has been experiencing [briefly describe symptoms and duration]. The patient's relevant medical history includes [list any pertinent medical history, medications, or previous treatment].

Please find attached the patient's medical records, laboratory results, and any other relevant information for your review. I believe that your expertise will be invaluable in managing this case.

Thank you for your attention to this referral. Please do not hesitate to contact me at [your phone number/email] should you require any further information.

Sincerely,
[Your Full Name]
[Your Title/Position]
[Your Clinic/Practice Name]
[Your Phone Number]
[Your Email Address]