

Referral Letter for Infertility Treatment Consultation

From: Dr. John Smith

Practice: ABC Medical Clinic

Address: 1234 Health Ave, Suite 567

City, State, Zip: Example City, ST 12345

Phone: (123) 456-7890

Date: [Insert Date]

To: Dr. Emily Johnson

Specialty: Reproductive Endocrinology

Practice: Fertility Solutions Clinic

Address: 7890 Wellness Blvd, Suite 101

City, State, Zip: Example Town, ST 54321

Dear Dr. Johnson,

I am writing to refer my patient, **[Patient Name]**, a **[Age]** year old **[Gender]** who has been experiencing difficulties with infertility for the past **[Duration]**. After thorough evaluation, including **[mention any relevant tests or findings]**, I believe that **[he/she/they]** would benefit from a consultation with your esteemed practice.

Please find enclosed the relevant medical records and test results for your review. I believe your expertise in reproductive endocrinology will provide the best course of action regarding **[his/her/their]** treatment options.

Thank you for your attention to this referral. Please do not hesitate to contact me if you require any additional information.

Sincerely,

Dr. John Smith

Medical License #: 123456