

# Consultation Request for Orthopedic Surgery

Date: [Insert Date]

To: [Orthopedic Surgeon's Name]

[Orthopedic Surgeon's Office Name]

[Office Address]

[City, State, Zip Code]

Dear [Orthopedic Surgeon's Name],

I hope this message finds you well. I am writing to refer my patient, [Patient's Full Name], to you for an orthopedic consultation. [Patient's Full Name] has been experiencing [briefly describe the patient's condition and any relevant history].

Despite conservative measures including [list treatments tried], the patient continues to exhibit [describe symptoms or issues]. A detailed examination and further evaluation are necessary to determine the appropriate surgical intervention.

Please find attached the medical records and imaging studies for your review. I appreciate your evaluation and recommendations regarding [Patient's Full Name].

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization Name]

[Your Office Address]

[City, State, Zip Code]