

Referral for Advanced Wound Care Follow-Up

Date: [Insert Date]

[Referring Physician's Name]
[Referring Physician's Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Recipient Physician's Name]
[Recipient Physician's Address]
[City, State, Zip Code]

Dear [Recipient Physician's Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [male/female] who is suffering from [brief description of the wound condition, including duration and any relevant medical history].

Details of the patient's condition are as follows:

- **Patient ID:** [Patient ID]
- **Date of Service:** [Insert Date]
- **Diagnosis:** [Specify Diagnosis]
- **Current Medications:** [List medications]
- **Allergies:** [List allergies]

Due to the complexity of the wound and the need for specialized care, I believe that advanced wound care management would be beneficial for [Patient's Name]. Please consider this referral for further evaluation and treatment.

If you need any additional information, please do not hesitate to contact me at [Referring Physician's Phone Number] or [Referring Physician's Email Address].

Thank you for your attention to this matter.

Sincerely,

[Referring Physician's Name]
[Referring Physician's Signature]