

Rheumatology Clinic Referral

Date: [Insert Date]

To: [Rheumatologist's Name]
[Rheumatology Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Rheumatologist's Name],

I am writing to refer my patient, [Patient's Full Name], a [Age]-year-old [Male/Female] who presents with symptoms suggestive of an autoimmune disorder.

Clinical details include:

- **Chief Complaints:** [List the main symptoms]
- **Past Medical History:** [Relevant medical history]
- **Family History:** [Any pertinent family medical history]
- **Current Medications:** [List medications]
- **Recent Laboratory Results:** [Summary of relevant results]

I believe that a comprehensive evaluation at your facility is warranted to assess the possibility of [specify suspected autoimmune disorder].

Please feel free to reach out if you require any additional information or if there's anything else needed prior to the patient's appointment.

Thank you for your assistance in this matter.

Sincerely,
[Your Name]
[Your Title/Position]
[Your Clinic Name]
[Your Contact Information]
[Your Address]