## Rheumatology Clinic Referral for Fibromyalgia Treatment

| Date: [Insert Date]  |
|--|
| To: [Recipient's Name]   |
| [Recipient's Title]  |
| [Recipient's Organization]   |
| [Recipient's Address]  |
| Dear [Recipient's Name],   |
| I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [Gender], for evaluation and management of fibromyalgia. [Patient's Name] has been experiencing symptoms consistent with fibromyalgia, including widespread pain, fatigue, and sleep disturbances, which have significantly impacted their quality of life. |
| Despite initial management with [mention any medications or therapies tried], [Patient's Name] continues to suffer from persistent symptoms. A comprehensive evaluation and interdisciplinary treatment approach may provide [him/her/them] with much-needed relief.   |
| I believe that your expertise in rheumatology will greatly benefit [Patient's Name] in exploring appropriate treatment options, including pharmacological therapy, physical therapy, and alternative therapies.  |
| Please find attached [Patient's Name]'s medical records for your review. I would appreciate your assessment and recommendations for further treatment.   |
| Thank you for your attention to this matter. I look forward to your prompt response regarding [Patient's Name]'s case.   |
| Sincerely,   |
| [Your Name]  |
| [Your Title]   |
| [Your Organization]  |
| [Your Contact Information]   |