

Rheumatology Clinic Referral for Systemic Sclerosis Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [Gender], for assessment and management of suspected systemic sclerosis.

Patient Details:

- **Name:** [Patient's Name]
- **Age:** [Patient's Age]
- **Gender:** [Patient's Gender]
- **Date of Birth:** [Patient's DOB]

Clinical Summary:

[Briefly outline the patient's symptoms, duration, and any relevant clinical findings. Include any previous treatments or interventions that have been undertaken.]

Given the patient's presentation, I believe a comprehensive evaluation by a rheumatology specialist is warranted to confirm the diagnosis and initiate appropriate management.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any additional information.

Thank you for your assistance with this referral. I look forward to your assessment and recommendations for [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Clinic Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]