

# Referral Letter for Urology Consultation

**From:**

Dr. John Smith  
General Practitioner  
123 Health St.  
City, State, ZIP  
Phone: (123) 456-7890  
Email: dr.johnsmith@example.com

**Date:** October 5, 2023

**To:**

Dr. Jane Doe  
Urologist  
456 Specialty Rd.  
City, State, ZIP

**Patient Information:**

Name: Mr. Michael Johnson  
Date of Birth: January 15, 1980  
Phone: (987) 654-3210

**Reason for Referral:**

I am referring Mr. Johnson for evaluation and management of persistent urinary symptoms, including frequent urination and discomfort. Previous tests have shown no signs of infection, and further urological assessment is warranted.

**Relevant Medical History:**

- Hypertension
- No known drug allergies
- Currently taking lisinopril and atorvastatin

**Current Medications:**

- Lisinopril 10 mg daily
- Atorvastatin 20 mg daily

**Thank you for your assistance in the management of this patient.**

Sincerely,  
Dr. John Smith  
General Practitioner