

Neurological Exam Follow-Up

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Title]

[Specialist's Clinic/Hospital Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], for further evaluation and management following their recent neurological examination conducted on [Date of Examination].

Patient Details:

- **Age:** [Patient's Age]
- **Gender:** [Patient's Gender]
- **Medical Record Number:** [Patient's MRN]

Summary of Findings:

- [Highlight important neurological findings]
- [Mention symptoms or concerns]
- [Any previous treatments or tests performed]

Considering these findings, I believe that [Patient's Name] would benefit from your expertise in [Specific Specialty]. I would appreciate your assessment and recommendations for further management.

Enclosed are copies of relevant medical records and test results for your review. Please feel free to contact me if you need any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]