

[Your Name]

[Your Title]

[Your Practice/Institution]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Epilepsy Monitoring Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to refer my patient, [Patient Name], date of birth [DOB], for evaluation at your epilepsy monitoring clinic. [He/She/They] has been experiencing [brief description of symptoms, e.g., recurrent seizures, episodes of altered consciousness], which have not responded to initial treatment.

[Patient Name] has a history of [relevant medical history, medications, and previous interventions]. The current treatment plan includes [list of medications and dosages], which [he/she/they] has been adhering to since [date]. Despite these efforts, the frequency and intensity of [his/her/their] seizures remain concerning.

Given the persistence of [his/her/their] symptoms, I believe further assessment with continuous EEG monitoring is warranted to better characterize the seizure activity and guide future management.

Please find attached [any relevant documents or test results] for your review.

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

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Institution]