

Referral Request for Reconstructive Surgery

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Practice Name]

[Recipient's Address]

Dear [Recipient's Name],

I am writing to formally request a referral to a reconstructive surgery specialist for my patient, [Patient's Name], who has been experiencing [brief description of the condition or reason for referral]. After thorough evaluation and consideration, I believe that a specialist in reconstructive surgery is necessary to address [specific issues or needs related to the patient's case].

[Patient's Name] is a [age]-year-old [gender] with a medical history of [brief medical history relevant to the referral]. The patient has been under my care since [date], and despite [previous treatments or interventions], we have not achieved the desired outcomes.

I would appreciate your assistance in evaluating [Patient's Name] for potential reconstructive surgical options. Please find attached the relevant medical records and imaging studies for your review.

Thank you for considering this referral. I look forward to your insights and recommendations regarding [Patient's Name]'s condition.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]