

Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [**Patient's Full Name**], who is [Age] years old, for further evaluation and management at your reproductive health clinic.

Patient Information:

- Address: [Patient's Address]
- Phone Number: [Patient's Phone Number]
- Email: [Patient's Email]

Reason for Referral:

[Brief description of the reason for referral, e.g., infertility, family planning, hormonal issues, etc.]

Medical History:

- [List any pertinent medical history, current medications, and allergies]

Previous Tests/Treatments:

[Detail any relevant tests or treatments that have been performed]

Thank you for your attention to this matter. Please feel free to contact me for further information.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice Name]

[Your Contact Information]