

Referral Letter for Hormone Replacement Therapy

From: [Your Name]
Practice Name: [Your Practice Name]
Address: [Your Practice Address]
Phone: [Your Phone Number]
Email: [Your Email Address]
Date: [Date]

To: [Specialist's Name]
[Specialist's Practice Name]
[Specialist's Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing symptoms consistent with hormonal imbalance. After a thorough evaluation, I believe that [he/she/they] would benefit from a comprehensive assessment and management plan regarding Hormone Replacement Therapy (HRT).

Patient Information:

Age: [Patient's Age]
Medical History: [Brief Medical History]
Current Medications: [Current Medications]
Symptoms: [List of Symptoms]

Please evaluate [Patient's Name] for appropriate HRT options and any necessary follow-up care. I appreciate your expertise in managing [his/her/their] condition.

Thank you for your assistance. Please feel free to contact me if you need any further information.

Sincerely,
[Your Name]
[Your Credentials]
[Your Practice Name]