

Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Title]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing [brief description of medical issue]. I believe that your expertise in [Specialty] will provide the best care for [him/her/them].

Patient's details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance: [Patient's Insurance Info]

Clinical background:

[Brief summary of the patient's medical history, current treatment, and any relevant tests or procedures performed].

Please find attached any relevant medical records and test results for your review. I have informed [Patient's Name] about this referral, and they are aware of your contact information to schedule an appointment.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization]

[Your Address]

[City, State, Zip Code]