

# Physician Referral Introduction

Date: [Insert Date]

To: [Recipient Physician's Name]

Address: [Recipient Physician's Address]

City, State, Zip: [Recipient Physician's City, State, Zip]

Dear Dr. [Recipient Physician's Last Name],

I hope this letter finds you well. I am writing to introduce you to my patient, [Patient's Name], a [age]-year-old [gender] who has been under my care for [duration]. [Patient's Name] has been experiencing [brief description of medical issue or symptoms].

After thorough evaluation and discussion, I believe that your expertise in [Recipient Physician's specialty] would be invaluable for [Patient's Name]'s continued care. I have enclosed relevant medical records and test results for your review.

Thank you for considering this referral. I trust that [Patient's Name] will receive exceptional care in your hands. Please feel free to contact me at [Your Phone Number] or [Your Email] if you have any questions or need further information.

Sincerely,  
[Your Name]  
[Your Title/Position]  
[Your Practice Name]  
[Your Practice Address]  
[Your City, State, Zip]  
[Your Phone Number]  
[Your Email]