

# Referral Letter for Specialist Assessment

Date: [Insert Date]

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Recipient Name]

[Specialist's Title/Position]

[Specialist's Organization]

[Specialist's Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to refer [Patient's Name], a [age]-year-old [gender], for a specialist assessment regarding [briefly describe the condition or concern]. [Patient's Name] has been experiencing [describe symptoms or issues] for [duration].

After a thorough evaluation, I believe that a specialist's insight would be invaluable in addressing [specific areas of concern]. The attached records provide further details on [any previous diagnoses, treatments, or relevant medical history].

Thank you for considering this referral. Please do not hesitate to reach out if you require additional information or clarification.

Sincerely,

[Your Name]

[Your Contact Information]