

Referral Letter

Date: [Insert Date]

Referring Physician: [Your Name, MD]

Practice Name: [Your Practice Name]

Address: [Your Address]

Phone: [Your Phone Number]

Email: [Your Email Address]

Specialist: [Specialist's Name, MD]

Specialty: [Specialist's Specialty]

Practice Name: [Specialist's Practice Name]

Address: [Specialist's Address]

Patient Information

Patient Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Phone: [Patient's Phone Number]

Insurance Information: [Insurance Details]

Reason for Referral

[Brief description of the reason for the referral, including any relevant clinical information and concerns.]

Medical History

[Brief overview of the patient's medical history, including any previous treatments or interventions related to the referral.]

Requested Consult

[Specify the type of consultation needed from the specialist and any specific questions or areas of concern.]

Attachments

[List any relevant documents attached, such as lab results, imaging, or previous notes.]

Thank you for your attention to this referral. Please feel free to contact me if you require any further information.

Sincerely,
[Your Name, MD]
[Your Practice Name]