

Hearing Test Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

[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 difficulties with their hearing. After conducting an initial hearing assessment on [Assessment Date], I believe further evaluation by a specialist is warranted.

Details of the patient's condition:

- Patient's Age: [Age]
- Symptoms: [Describe Symptoms]
- Relevant Medical History: [Relevant History]
- Previous Tests Conducted: [List Tests]

Please schedule a comprehensive hearing evaluation at your earliest convenience. I appreciate your collaboration in providing the best care for our patient.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]

[Your Practice Address]