

Referral for Comprehensive Gastrointestinal Health Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for a comprehensive gastrointestinal health assessment. [Patient's Name] is a [age] year old [gender] with a medical history that includes [briefly outline relevant medical history or symptoms].

During recent evaluations, [he/she/they] has presented with [describe symptoms or concerns, e.g., persistent abdominal pain, changes in bowel habits, etc.]. After careful consideration, I believe a thorough assessment by a specialist is necessary to determine the underlying causes and appropriate management.

Please find attached all relevant medical records, tests, and imaging studies to assist in your evaluation.

I appreciate your attention to this referral and your expertise in managing [Patient's Name]'s gastrointestinal health. Please feel free to contact me if you have any questions or require further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]