

Referral for Kidney Function Evaluation

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Practice Name]
[Recipient's Address Line 1]
[Recipient's Address Line 2]
[Recipient's City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], [Patient's Age] years old, for a comprehensive kidney function evaluation. [He/She/They] has been experiencing [briefly describe symptoms or reason for referral] over the past [duration].

Relevant medical history includes:

- [Condition 1]
- [Condition 2]
- [Condition 3]

The following laboratory tests have already been conducted:

- [Test 1 - Results]
- [Test 2 - Results]
- [Test 3 - Results]

Given [his/her/their] symptoms and test results, I believe it is essential for [Patient's Name] to undergo further evaluation of kidney function.

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

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]