

COPD Management Consultation

Date: [Insert Date]

To: [Referring Physician's Name]

From: [Your Name and Title]

Practice/Organization: [Your Practice Name]

Address: [Your Address]

Phone: [Your Phone Number]

Email: [Your Email]

Patient Information

Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Insurance: [Patient's Insurance Information]

Referral Reason

This letter is to provide you with an update on the management of [Patient's Name] regarding their chronic obstructive pulmonary disease (COPD).

Clinical Findings

[Insert findings from examination, tests, and current symptoms]

Management Plan

- [List medications prescribed]
- [List recommended lifestyle changes]
- [Any additional referrals or interventions]

Follow-Up

It is essential for the patient to follow up with both myself and you to monitor progress and adjust the treatment plan as needed. The next appointment is scheduled for [Insert Date].

Thank You

Thank you for your referral and collaboration in the care of [Patient's Name]. Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

[Your Name and Title]

[Your Practice Name]