

Referral for Anemia Management

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been diagnosed with anemia. Given the complexity of their condition and the ongoing symptoms, I believe a specialist evaluation would be beneficial.

Patient Details:

- **Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Medical Record Number:** [Patient's MRN]

Clinical Findings:

- Hemoglobin Level: [Insert Level]
- MCV: [Insert MCV]
- Recent Symptoms: [List Symptoms]

Management to Date:

- [List Treatments, Tests Conducted, and Dietary Changes]

Reasons for Referral:

- Need for further evaluation of iron stores and possible supplementation
- Assessment for potential underlying causes
- Management of chronic anemia and coordination of care

Please feel free to contact me at [Your Phone Number] or [Your Email] should you require further information.

Thank you for your assistance in the management of this patient.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]
[Your Address]