

Referral to Epilepsy Specialist

Date: [Insert Date]

To: [Specialist's Name]
[Specialist's Clinic/Hospital Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing episodes consistent with epilepsy. Below are the relevant details of the patient:

Patient Information

- **Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Address:** [Patient's Address]
- **Contact Number:** [Patient's Phone Number]
- **Insurance Information:** [Insurance Details]

Medical History

[Brief overview of the patient's medical history related to epilepsy]

Details of Seizures

[Description of seizure type, frequency, duration, and any triggers]

Previous Treatments

[List of medications, therapies, and their effectiveness]

Reason for Referral

[Specific reason for referral and what the patient hopes to achieve from this visit]

Thank you for your assistance in managing this case. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice/Institution Name]

[Your Address Line 1]

[Your Address Line 2]

[Your City, State, Zip Code]

[Your Contact Number]