

# Referral Letter

Date: **[Insert Date]**

To: **[Specialist's Name]**  
[Specialist's Practice Name]  
[Specialist's Address]  
[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, **[Patient's Full Name]**, who has been experiencing elevated cholesterol levels as indicated in their recent blood work. After conducting a comprehensive evaluation, I believe that specialist management is necessary for optimal care.

Patient Details:

- **Date of Birth:** [Patient's Date of Birth]
- **Insurance Information:** [Insurance Details]
- **Relevant Medical History:** [Brief Medical History]

Current Medications:

- [Medication 1]
- [Medication 2]
- [Medication 3]

Goals of Referral:

- To evaluate and manage the patient's cholesterol levels effectively.
- To recommend lifestyle modifications or medication adjustments as necessary.

Please let me know if you require any additional information or if there are forms that need to be completed prior to the patient's visit. Thank you for your attention to this matter.

Sincerely,

**[Your Name]**  
[Your Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email]