

Chronic Pain Management Referral

Date: [Insert Date]

To: [Referral Recipient's Name]

[Referral Recipient's Address]

[City, State, Zip Code]

Dear [Referral Recipient's Name],

I am referring my patient, [Patient's Name], who has been experiencing chronic pain due to [brief description of the condition]. The patient's symptoms include [list key symptoms] and have been persisting for [duration].

After conducting a thorough assessment and trying various management options, I believe that specialized care in pain management is necessary for further evaluation and treatment.

Attached are the relevant medical records, including [list any included documents such as previous treatment plans, imaging studies]. Please feel free to contact me at [Your Phone Number] or [Your Email] if you need additional information.

Thank you for your attention to this matter. I appreciate your collaboration in managing [Patient's Name]'s care.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]