

Wound Care Consultation Request

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Subject: Request for Wound Care Consultation

Dear [Recipient's Name],

I am writing to request a consultation regarding wound care for my patient, [Patient's Name], who has been experiencing [brief description of the wound or condition]. After assessing the situation, I believe that specialized care is necessary to ensure proper healing and management.

Patient Details:

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

Clinical Summary:

[Provide a brief summary of the patient's medical history, current wound assessment, and any relevant treatments or interventions that have been attempted.]

Please let me know your available times for consultation, and if you require any additional information prior to the appointment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Institution/Practice Name]

[Your Contact Information]