

Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Title]

[Specialist's Clinic/Hospital Name]

[Clinic/Hospital Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [male/female] who has been experiencing [brief description of symptoms or conditions] for [duration]. Despite our best efforts in managing this condition, further evaluation and specialization are warranted.

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Contact Information: [Patient's Phone Number, Email]

Current medications include: [List medications].

I believe that your expertise in family health will be invaluable in addressing [specific aspects needing specialty evaluation]. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information regarding [Patient's Name]'s medical history or treatment to date.

Thank you for your attention to this matter. I look forward to your assessment and recommendations.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Your Clinic/Hospital Address]

[Your Contact Information]