

Clinic Referral Letter

Date: [Insert Date]

To: [Gastroenterologist's Name]

[Gastroenterologist's Address]

[City, State, Zip Code]

Dear Dr. [Gastroenterologist's Last Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing [brief description of symptoms]. After conducting a thorough evaluation, I believe that a consultation with you would be beneficial for further management.

Patient Information:

- **Name:** [Patient's Name]
- **Age:** [Patient's Age]
- **Gender:** [Patient's Gender]
- **Medical Record Number:** [Patient's MRN]

Clinical History:

[Briefly outline the patient's medical history, current medications, and relevant lab results.]

I would appreciate your expert evaluation and recommendations for further management. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]