

# Referral Letter

**Date:** [Insert Date]

**To:** [Endocrinologist's Name]  
[Endocrinologist's Clinic Name]  
[Endocrinologist's Address]  
[City, State, Zip Code]

**From:** [Family Physician's Name]  
[Clinic Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

Dear [Endocrinologist's Name],

I am writing to refer my patient, [Patient's Full Name], a [Age]-year-old [Gender], for further evaluation and management of [specific condition, e.g., Type 2 Diabetes, Thyroid Disorder].

Clinical history includes: [Brief summary of patient's medical history, relevant symptoms, and any current medications].

Details of the patient's condition: [Elaborate on the relevant findings, tests conducted, and any previous treatments or interventions].

Please evaluate [Patient's First Name] for [specific tests or treatments needed], and advise on the appropriate management plan. [Optional: Include any particular concerns or considerations for the patient's care].

Thank you for your attention to this referral. I appreciate your expertise and support in managing this patient's health.

Sincerely,

[Family Physician's Name]  
[Family Physician's Signature]  
[Title/Position]