

# Referral Letter

**From:**

Dr. John Smith, MD  
Internal Medicine  
123 Health St.  
City, State, ZIP  
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**To:**

Dr. Jane Doe, MD  
Neurology  
456 Care Ave.  
City, State, ZIP  
Phone: (987) 654-3210  
Email: drjanedoe@email.com

**Date:** October 25, 2023

Dear Dr. Doe,

I am referring my patient, Mr. Michael Johnson, a 45-year-old male, for your evaluation and management of neurological symptoms.

**Patient Information:**

- Age: 45
- Gender: Male
- Medical History: Hypertension and Hyperlipidemia
- Current Medications: Lisinopril, Atorvastatin
- Chief complaint: Persistent headaches and episodes of dizziness for the past month.

Upon examination, I noted significant findings including...

Given the complexity of the symptoms and the need for specialized care, I would appreciate your insights and recommendations regarding Mr. Johnson's condition.

Thank you for your assistance in this matter. Please feel free to contact me if you need further information.

Sincerely,  
Dr. John Smith, MD  
Internal Medicine