

Referral Letter

From: Dr. John Smith, MD
Practice Name: ABC Family Medicine
Address: 123 Main St, Anytown, ST 12345
Phone: (123) 456-7890
Date: [Date]

To: Dr. Jane Doe, MD
Specialty: Cardiology
Practice Name: XYZ Cardiology Clinic
Address: 456 Elm St, Anytown, ST 12345

Dear Dr. Doe,

I am referring my patient, [**Patient Name**], a [**age**]-year-old [**gender**], for evaluation and management of suspected cardiovascular conditions. The patient has been presenting with [**describe symptoms**] and has a medical history of [**relevant medical history**].

Enclosed are the patient's recent lab results, ECG, and other relevant documentation for your review.

Please evaluate [**Patient Name**] and advise on further management. The patient can be reached at [**patient's phone number**] to schedule an appointment.

Thank you for your attention to this matter.

Sincerely,
Dr. John Smith, MD
ABC Family Medicine