

# Follow-Up Referral to Specialist

Date: [Insert Date]

To:

[Specialist's Name]

[Specialist's Practice Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Specialist's Name],

I hope this letter finds you well. I am writing to refer my patient, [Patient's Full Name], who was previously seen in my office on [Date of Last Visit]. After our consultation and evaluation, I believe that [he/she/they] would benefit from your specialized expertise in [specific area of specialization].

Patient Details:

Name: [Patient's Full Name]

Date of Birth: [Patient's DOB]

Contact Information: [Patient's Phone Number, Email]

Diagnosis: [List diagnosis or symptoms that warrant a referral]

Relevant Medical History: [Brief summary of relevant medical history]

Please feel free to contact me for any additional information you may require regarding [Patient's First Name]'s medical history or condition. I appreciate your attention to this referral and look forward to your assessment.

Thank you for your collaboration in providing care for our mutual patient.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice/Organization]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]