

Referral Letter

Date: [Insert Date]

Referring Physician: Dr. [Referring Physician's Name]

Practice Name: [Referring Physician's Practice Name]

Address: [Practice Address]

Phone: [Practice Phone Number]

Email: [Practice Email]

To: Dr. [Specialist's Name]

Specialty: [Specialist's Specialty]

Practice Name: [Specialist's Practice Name]

Address: [Specialist's Address]

Phone: [Specialist's Phone Number]

Email: [Specialist's Email]

Dear Dr. [Specialist's Last Name],

I am referring my patient, [Patient's Name], aged [Patient's Age], who has been experiencing [Brief Description of Medical Condition or Issues].

The pertinent medical history includes:

- [Relevant Medical History Item 1]
- [Relevant Medical History Item 2]
- [Relevant Medical History Item 3]

Current medications:

- [Medication 1]
- [Medication 2]
- [Medication 3]

Your expertise in [Specialist's Field] would be greatly appreciated in addressing these concerns. Please find attached any relevant tests and imaging results.

Thank you for your assistance with this case. Please feel free to contact me if you need any additional information.

Sincerely,

Dr. [Referring Physician's Name]
[Referring Physician's Specialty]