Patient Referral Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you that your patient, [Patient's Name], has been referred to [Specialist's Name] for specialty care. This referral has been made based on [brief reason for referral].

Please find the details of the referral below:

- **Patient's Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's DOB]
- **Reason for Referral:** [Reason]
- **Specialist's Contact:** [Specialist's Contact Information]
- **Appointment Date:** [Appointment Date]

If you have any questions or require further information, please do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]