

Patient Referral for Specialist Evaluation

Date: **[Insert Date]**

To: **[Specialist's Name]**

[Specialist's Address]

[City, State, ZIP Code]

Dear **[Specialist's Name]**,

I am writing to refer my patient, **[Patient's Name]**, who is a **[age]** year-old **[gender]**, for a specialist evaluation concerning **[specific condition or symptoms]**.

Patient Information:

- **Name:** **[Patient's Full Name]**
- **Date of Birth:** **[Patient's DOB]**
- **Contact Information:** **[Patient's Phone Number]**
- **Insurance Details:** **[Insurance Provider and Policy Number]**

The patient has been experiencing **[brief description of symptoms or concerns]** for the past **[duration]**. I have conducted initial assessments, including **[list any tests or evaluations performed]**, which indicate the need for further evaluation by your expertise.

Please find attached the relevant medical records and test results for your review.

If you have any questions or need additional information, please do not hesitate to contact me at **[Your Phone Number]** or **[Your Email]**.

Thank you for your attention to this matter. I look forward to your evaluation and recommendations.

Sincerely,

[Your Name]

[Your Medical Title]

[Your Practice Name]

[Your Address]

[City, State, ZIP Code]