

Referral Notification

Date: [Insert Date]

To: [Medical Specialist's Name]

[Medical Specialist's Address]

Dear [Medical Specialist's Name],

I am writing to refer my patient, [Patient's Name], to you for further evaluation and management of [specific condition/issue].

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Details]

Reasons for referral:

[Brief explanation of the patient's condition and reason for the referral]

I have attached the relevant medical records and test results for your review. Please feel free to reach out if you need any further information.

Thank you for your attention to this matter. I look forward to your assessment and recommendations regarding [Patient's Name].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]

[Your Practice/Institution Name]