

# Urgent Referral Notification

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 Full Name], for urgent specialist evaluation and management. [Patient's Full Name] is a [age]-year-old [gender] who presents with [brief description of the condition or symptoms].

It is crucial that the patient is seen at your earliest convenience due to [brief explanation of urgency, e.g., deterioration in condition, risk of complications].

Enclosed you will find the patient's medical history, relevant diagnostic test results, and a summary of treatments provided thus far.

Please feel free to reach out to me at [Your Phone Number] or [Your Email] if you require any additional information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]

[Your Title]

[Your Practice/Org Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]