

# Telemedicine Consultation Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

Address: [Specialist's Address]

City, State, Zip: [City, State, Zip]

Dear [Specialist's Name],

I am referring my patient, [Patient's Name], for a telemedicine consultation regarding [briefly describe condition or issue]. The patient has a history of [mention relevant medical history].

Details of the patient:

- **Patient Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Contact Number:** [Patient's Phone Number]
- **Email:** [Patient's Email]

Please find attached the patient's medical records and any pertinent information. The patient is available for a virtual consultation on [provide availability].

Thank you for your attention to this matter. I look forward to your insights on the management of this case.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]