

Chronic Pain Specialist Consultation Request

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Office Name]

[Office Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to request a consultation for my patient, [Patient's Name], who is experiencing chronic pain. Despite ongoing treatments, [he/she/they] continues to suffer and would benefit from your expertise in chronic pain management.

Patient Details:

- **Name:** [Patient's Name]
- **Date of Birth:** [DOB]
- **Insurance Information:** [Insurance Provider]
- **Current Treatments:** [List treatments]

I believe your assessment and treatment plan will greatly aid in improving [his/her/their] quality of life. Please let me know if you require any additional information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Contact Information]