

Letter of Application for Specialist Review without Referral

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Title/Position]

[Organization/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a specialist review for my medical condition, [Briefly describe your condition], without the prerequisite of a referral. I have been experiencing [describe symptoms or issues briefly] and believe that a specialist's evaluation would provide valuable insight into my treatment options.

Despite my attempts to seek a referral, [mention any relevant reasons such as delays or difficulties in getting a referral]. I am eager to receive specialized care to address my health concerns effectively.

I appreciate your consideration of my request and look forward to your favorable response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]