

# Non-Referral Request for Specialist Services

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Clinic/Hospital Name]

[Address]

[City, State, Zip]

Dear [Recipient's Name],

I am writing to formally request non-referral specialist services for my patient, [Patient's Name], whose medical record number is [Patient's MRN]. After careful consideration, I believe that a referral is unnecessary in this particular case.

[Explain the reasons for the non-referral request, including any relevant patient history, current treatment plans, and outcomes expected without specialist intervention.]

I appreciate your understanding and support in this matter. If you require any additional information or would like to discuss this situation further, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Address]

[Your City, State, Zip]

[Your Phone Number]

[Your Email Address]