

Referral Letter to Dietitian

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Dietitian's Name],

I am writing to refer my patient, [Patient Name], to you for a dietary consultation. [He/She/They] has been experiencing [briefly describe the issue, e.g., weight management challenges, diabetes, etc.], and I believe your expertise will be invaluable in helping [him/her/them] achieve [his/her/their] nutritional goals.

[Patient Name] has a medical history of [briefly list relevant medical history], and I recommend that you assess [his/her/their] dietary habits and provide guidance tailored to [his/her/their] needs.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information or clarification regarding this referral.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Your Phone Number]

[Your Email Address]