

Cardiology Follow-up Referral

To: [Cardiologist's Name]
Cardiology Department
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]
[Email Address]

From: [Your Name]
[Your Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

Date: [Date]

Dear [Cardiologist's Name],

I am referring my patient, [**Patient's Full Name**], who is a [**Age**] year old [**Gender**], to your clinic for cardiology follow-up.

Patient Details:

- **Medical History:** [Brief medical history including relevant conditions]
- **Current Medications:** [List of medications]
- **Recent Tests/Results:** [Summary of relevant tests and results]

The patient presented with [describe symptoms, concerns, or specific reasons for referral]. I believe that a comprehensive evaluation by you will be beneficial for [his/her/their] management.

Please see the attached documents for further details.

Thank you for your attention to this matter. Please feel free to contact me if you need any more information.

Sincerely,

[Your Full Name]
[Your Title]
[Your Practice Name]
[Phone Number]
[Email Address]