

Consultation Letter

Date: [Insert Date]

Referring Physician: [Physician's Name]

Patient Name: [Patient's Name]

Patient Age: [Patient's Age]

Patient ID: [Patient ID]

Subject: Consultation for Pelvic Pain Investigation

Dear [Consultant's Name],

I am writing to refer [Patient's Name] for a comprehensive evaluation regarding her pelvic pain, which has been present for [duration]. The patient describes the pain as [description of pain - e.g., sharp, dull, intermittent], localized to [specific area] and is associated with [any pertinent symptoms such as dysmenorrhea, dyspareunia, etc.].

The patient's medical history includes [relevant medical history]. She has previously undergone [mention any relevant tests or treatments]. A detailed physical examination was performed, revealing [details of findings].

I believe that further investigations, including [recommended imaging, blood tests, etc.], are warranted to ascertain the underlying cause of her symptoms. Please evaluate [Patient's Name] and recommend any additional management needed.

Thank you for your attention to this matter. I look forward to your expert opinion.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Institution]