

# Referral Letter for Routine Check-Up

**From:**

Dr. [Your Name]  
[Your Practice Name]  
[Your Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]

**To:**

Dr. [Specialist's Name]  
[Specialist's Practice Name]  
[Specialist's Address]  
[City, State, ZIP Code]

**Date:** [Date]

Dear Dr. [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [Patient's Gender], for a routine obstetrical and gynecological check-up.

[Provide a brief medical history and relevant information about the patient's health, including any concerns or specific reasons for the referral.]

Kindly provide the necessary examination and any recommended follow-up treatment. If you have any questions or require further information, please feel free to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

Dr. [Your Name]  
[Your Credentials]