

Obstetrics and Gynecology Specialist Evaluation Request

Date: _____

To: [Specialist's Name]

[Specialist's Title]

[Specialist's Practice Name]

[Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to request an evaluation of my patient, [Patient's Full Name], who has been experiencing [brief description of symptoms or concerns]. I believe a specialist's insight would be invaluable in determining the appropriate course of action.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [DD/MM/YYYY]
- Medical Record Number: [MRN]
- Contact Information: [Patient's Contact Information]

The patient has a medical history of [relevant medical history], and I have attached all pertinent medical records for your review.

Thank you for your attention to this matter. Please let me know your availability for the evaluation, and do not hesitate to contact me if you require any additional information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]