

Referral for Endocrine System Evaluation

Date: [Insert Date]

To: [Endocrinologist's Name]
[Endocrinologist's Office/Clinic Name]
[Address]
[City, State, Zip]
[Phone Number]

Dear [Endocrinologist's Name],

I am writing to refer my patient, [Patient's Full Name], [Patient's Age], who has been under my care for [duration of time]. [He/She/They] presents with symptoms suggestive of an endocrine disorder, including [describe symptoms briefly, e.g., unexplained weight changes, fatigue, etc.].

After a comprehensive evaluation, I believe that [he/she/they] would benefit from your expertise in evaluating [his/her/their] endocrine system. I have attached [relevant lab results, medical history, etc.] for your review.

Please feel free to contact me at [Your Phone Number] or [Your Email] if you need any further information. I appreciate your assistance in this matter.

Thank you for your attention to this referral.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice/Clinic Name]
[Your Address]
[City, State, Zip]
[Your Phone Number]
[Your Email]