

Surgical History Update for Referral

Date: [Insert Date]

To: [Specialist's Name]
[Specialist's Address]
[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to provide an update on the surgical history of my patient, [Patient's Name], who has been referred to you for further evaluation and management.

Surgical History:

- **[Date]:** [Description of Surgery 1] - [Outcome/Complications]
- **[Date]:** [Description of Surgery 2] - [Outcome/Complications]
- **[Date]:** [Description of Surgery 3] - [Outcome/Complications]

Current medications include: [List of medications].

Relevant medical history: [Brief description of any pertinent medical conditions or history].

Please feel free to contact me if you need any additional information or clarification concerning [Patient's Name]'s case.

Thank you for your attention to this referral.

Sincerely,

[Your Name]
[Your Title]
[Your Contact Information]
[Your Practice Name]