

Referral Letter for Cosmetic Surgery Consultation

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], for a consultation regarding cosmetic surgery. [He/She/They] has expressed a desire to enhance [specific area of concern] and, after a thorough evaluation, I believe a consultation with your esteemed practice would be beneficial.

[Patient's Name] has a medical history of [brief summary of relevant medical history], which I believe is important to consider during the consultation. [He/She/They] is in good overall health and has realistic expectations regarding the outcomes of the procedure.

I trust that your expertise in cosmetic surgery will provide [Patient's Name] with the guidance and care they require. Please find enclosed [any relevant medical records or information].

Thank you for considering this referral. Should you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name] [Your Title] [Your Medical Practice/Institution] [Contact Information]