

Neurology Evaluation Request Letter

Date: [Insert Date]

To: [Neurologist's Name]
[Neurologist's Clinic/Hospital]
[Address]
[City, State, Zip Code]

From: [Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Contact Information]

Dear [Neurologist's Name],

I am writing to refer my patient, [Patient's Name], a [age]-year-old [gender], who is experiencing [brief description of symptoms or conditions]. After conducting a thorough evaluation, I believe a neurology consultation is warranted.

Patient's History:

- [List relevant medical history, diagnoses, and treatments]
- [Mention any previous tests or imaging done and results]

Chief Complaints: [Detail the primary complaints prompting the referral]

Requested Evaluation: I would appreciate your expertise in evaluating [mention specific concerns or tests needed].

Please find attached all relevant medical records and test results for your review.

Thank you for your attention to this matter. I look forward to your insights and recommendations regarding the management of this patient.

Sincerely,
[Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[Contact Information]