

# Referral for Corneal Transplant Evaluation

Date: [Insert Date]

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

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [Gender], for a corneal transplant evaluation.

Patient Details:

- **Medical History:** [Brief medical history]
- **Current Medications:** [List of medications]
- **Reason for Referral:** [Brief explanation of symptoms and conditions leading to referral]

Visual acuity measured at last visit: [Visual Acuity Details]

Additional notes: [Any relevant additional information]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information regarding this case.

Thank you for your attention to this referral.

Sincerely,

[Your Name]  
[Your Title]  
[Your Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]