

Corneal Transplant Evaluation Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

Dear [Recipient's Name],

I am writing to request a comprehensive evaluation for corneal transplant for my patient, [Patient's Name], who has been under my care for [duration]. The patient presents with [specific diagnosis] and has experienced [list symptoms or issues].

Upon examination, the following results were noted:

- Visual Acuity: [Insert details]
- Corneal Thickness: [Insert details]
- Additional relevant findings: [Insert details]

Given the patient's condition, I believe they would benefit from a corneal transplant evaluation. Please find attached the medical records and relevant tests for your review.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Address]