

Consultation Request for Chronic Pain Management

Date: [Insert Date]

To: [Consultant's Name]

[Consultant's Address]

[City, State, Zip Code]

Dear [Consultant's Name],

I am writing to request a consultation for my patient, [Patient's Name], who has been experiencing chronic pain for [duration of pain]. Despite various treatment attempts, [he/she/they] continues to struggle with [brief description of symptoms and impact on daily life].

The patient's current treatment regimen includes [list medications, therapies, or interventions], which have provided limited relief. A comprehensive evaluation by your team is needed to explore further management options, as well as any potential recommendations for specialized interventions.

Please find attached the patient's medical records and history for your review. I believe that your expertise in chronic pain management will greatly assist in developing an effective treatment strategy.

Thank you for considering this request. Please let me know a convenient time for you to see [Patient's Name]. I look forward to your valuable insights.

Sincerely,

[Your Name]

[Your Title]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]