

# Referral for Comprehensive Pain Management Evaluation

Date: [Insert Date]

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

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for a comprehensive pain management evaluation. [Patient's Name], a [age]-year-old [gender], has been experiencing chronic pain resulting from [brief description of the medical condition or injury].

Despite [his/her/their] current treatment regimen, which includes [list current treatments or medications], [he/she/they] continues to report [brief description of pain symptoms and their impact on daily life].

Given the complexity and persistence of [his/her/their] symptoms, I believe a specialized evaluation by your team could provide valuable insights and potential new treatment options.

Attached are relevant medical records, imaging studies, and treatment history to assist in the evaluation process.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or discussion regarding [Patient's Name]'s case.

Sincerely,

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