

# Request for Outpatient Pain Management Consultation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Medical Facility Name]

[Facility Address]

Dear [Recipient's Name],

I am writing to formally request a consultation for outpatient pain management for my patient, [Patient's Name], who has been experiencing [brief description of pain issues]. The patient has tried various treatments, including [list previous treatments/medications], but has not achieved sufficient relief.

Following a thorough assessment, I believe that a specialized evaluation in pain management is essential to develop an effective treatment plan moving forward. I am particularly interested in exploring [mention any specific therapies or interventions if applicable].

Attached are the relevant medical records and treatment history for your review. Please let me know if you require any further information.

Thank you for considering this request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Medical Facility Name]