

Referral Letter for Liver Function Test Appointment

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for a Liver Function Test due to [brief reason for referral, e.g., elevated liver enzymes, symptoms, etc.].

Patient Details:

- Full Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Contact Number: [Patient's Phone Number]
- Insurance Information: [Patient's Insurance Details]

Please schedule an appointment at your earliest convenience. Feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic's Name]

[Your Clinic's Address]