

# Referral Letter for Comprehensive Kidney Function Analysis

Date: [Insert Date]

[Referring Physician's Name]  
[Referring Physician's Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Institution/Clinic]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], whom I believe requires a comprehensive kidney function analysis. The patient is a [age]-year-old [male/female] with a medical history that includes [brief summary of relevant medical history].

Recent laboratory tests have indicated [summarize relevant lab results or symptoms], suggesting the need for a more thorough evaluation of their kidney function. I recommend a comprehensive analysis to assess parameters including but not limited to glomerular filtration rate (GFR), serum creatinine levels, and electrolytes.

[Patient's Full Name] can be reached at [Patient's Phone Number] to schedule an appointment. Please find attached relevant medical records for your reference.

Thank you for your attention to this matter. Please feel free to contact me if you have any questions or need further information.

Sincerely,

[Referring Physician's Name]  
[Referring Physician's Title/Position]  
[Medical Institution/Practice Name]