

# Referral Letter

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], for further evaluation and management regarding [specific health issue or concern]. After assessing [his/her/their] condition, I believe that a consultation with you, as a specialist in [specialty], would be beneficial.

[Patient's Name] is experiencing [brief description of the patient's medical history and current issues]. [He/She/They] has been under my care since [start date of care] and has shown [describe any relevant treatments or interventions].

Enclosed are [his/her/their] medical records, which include relevant test results and treatment notes for your review. Please feel free to contact me at [your contact information] should you require any further information.

Thank you for your attention to this matter and for taking care of my patient.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]