

# Referral for Specialized Diagnostics

Date: \_\_\_\_\_

To: [Specialist's Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], for specialized laboratory diagnostics. The patient has been experiencing [brief description of symptoms or issues]. After conducting preliminary assessments, I believe that further testing is necessary to ascertain a proper diagnosis.

The specific tests I am requesting include:

- [Test 1]
- [Test 2]
- [Test 3]

Please find attached the patient's medical history, along with the relevant clinical notes and any previous test results.

Thank you for your attention to this matter. I appreciate your expertise in providing the necessary diagnostics for [Patient's Full Name]. Should you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Address]

[City, State, Zip Code]