

Referral for Advanced Treatment Options

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Facility: [Recipient's Facility]

Address: [Recipient's Address]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], who has been diagnosed with [Patient's Condition]. After thorough evaluation and considering the current treatment options, I believe [he/she/they] would benefit from advanced treatment options available at your facility.

[Provide a brief background of the patient's medical history, current treatment, and reasons for referral.]

I would appreciate it if you could evaluate [Patient's Name] for [specific advanced treatment options]. Please find attached the relevant medical records for your review.

Thank you for your attention to this matter. I look forward to your feedback and recommendations.

Sincerely,

[Your Name]

[Your Title]

[Your Facility]

[Your Contact Information]