

# Referral for Diagnostic Testing

Date: [Insert 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 Name], for diagnostic testing. [He/She/They] has been experiencing [brief description of symptoms or concerns] and I believe that further evaluation is necessary.

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Patient's Insurance]

Relevant Medical History:

[Brief summary of relevant medical history]

I would appreciate your expertise in this matter and any recommendations you may have following the testing. Please feel free to contact me with any questions or further information needed.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]