

Referral Letter for Pediatric Specialist Evaluation

Date: [Insert Date]

To: [Pediatric Specialist's Name]

[Pediatric Specialist's Address]

[City, State, Zip Code]

Dear [Pediatric Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [boy/girl], for evaluation regarding [specific condition or concern]. [Patient's First Name] has been under my care for [duration of treatment] due to [brief description of medical history and relevant symptoms].

During my examination on [Date of last visit], I noted that [describe findings and any interventions taken]. Despite [describe previous treatments or interventions], [Patient's First Name] continues to experience [outline ongoing issues or symptoms].

Given the complexity of [Patient's First Name]'s case, I believe a specialist evaluation is warranted to explore further diagnostic options and potential treatment plans. I have enclosed [mention any relevant documents such as lab results, imaging studies, etc.].

Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any additional information or clarification.

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

Sincerely,

[Your Full Name]

[Your Title]

[Your Institution/Practice Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]