

Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Clinic/Practice Name]

[Specialist's Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who is [Patient's Age] years old, for specialist consultation regarding [specific condition or issue]. [Patient's Name] has been experiencing [describe symptoms or problems briefly] and despite [mention any treatments or interventions], there has been little improvement.

Medical history includes: [Brief summary of relevant medical history]. Current medications include: [List medications].

I believe that your expertise in [specialist's field] would greatly benefit [Patient's Name]. Please find enclosed all significant medical records and test results for your consideration.

If you need further information or wish to discuss this case in detail, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Position]

[Your Practice/Clinic Name]

[Your Address]

[Your Phone Number]

[Your Email Address]