

Referral Letter for Specialized Medical Care

From: [Your Name]
[Your Title]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

To: [Specialist's Name]
[Specialist's Title]
[Specialist's Practice Name]
[Specialist's Address]
[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who is in need of specialized medical care for [brief description of medical issue]. [He/She/They] has been experiencing [describe symptoms or conditions] and requires further evaluation and treatment.

Medical History:

- Condition: [List any relevant medical conditions]
- Medications: [List current medications]
- Allergies: [List any known allergies]

I believe that your expertise in [specialty] will greatly benefit my patient. Please find enclosed [any related medical records, test results, or documents].

Thank you for your attention to this referral. Please feel free to contact me at [your phone number] or [your email address] should you need further information.

Sincerely,

[Your Name]
[Your Title]
[Your Practice Name]