

Patient Referral Letter

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

Date: [Date]

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

Dear [Referring Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who is [Patient's Age] years old, for [specific reason for referral].

Patient Information:

Patient's Phone Number: [Patient's Phone Number]
Patient's Medical Record Number: [Patient's MRN]
Insurance Information: [Insurance Provider and Policy Number]

Clinical History:

[Brief description of the patient's medical history, symptoms, and relevant diagnostic findings.]

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information. I appreciate your assistance in this referral.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]