

# Patient Referral for Cardiology Consultation

Date: \_\_\_\_\_

To: Dr. \_\_\_\_\_

Cardiology Department

Clinic/Hospital Name

Address

City, State, Zip Code

Dear Dr. \_\_\_\_\_,

I am writing to refer my patient, [**Patient's Full Name**], a [**Age**] year-old [**Gender**], who has been experiencing [**symptoms or conditions**]. After conducting a thorough examination, I believe a cardiology consultation is necessary for a comprehensive evaluation and management.

## **Patient Information:**

- **Patient ID:** [Patient ID]
- **Date of Birth:** [DOB]
- **Contact Number:** [Patient's Contact Number]

## **Clinical Findings:**

- [Relevant clinical findings]
- [Any pertinent medical history]
- [List of current medications]

Please feel free to contact me if you need any further information regarding this referral. I appreciate your attention to this matter and look forward to your expert evaluation of my patient.

Thank you for your assistance.

Sincerely,

[**Your Name**]

[**Your Medical Title**]

[**Your Clinic/Hospital Name**]

**Contact Number:** [Your Contact Number]

**Email:** [Your Email]