

Patient Referral Letter

Date: [Insert Date]

To: [Neurologist's Name]

[Neurologist's Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Neurologist's Name],

I am referring my patient, [Patient's Full Name], a [Patient's Age]-year-old [gender], for a neurology examination due to [brief description of symptoms or reasons for referral, e.g., persistent headaches, seizures, etc.].

Patient History:

- Medical History: [Brief medical history]
- Current Medications: [List of medications]
- Allergies: [Any known allergies]
- Relevant Test Results: [Summary of relevant diagnostic tests or imaging]

Please provide your evaluation and management recommendations for [Patient's Full Name]. You may contact me at [Your Phone Number] or [Your Email] for any further information.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Medical Title]

[Your Practice/Clinic Name]

[Your Phone Number]

[Your Email]