

Patient Referral for Orthopedic Evaluation

Date: [Insert Date]

To: [Orthopedic Specialist's Name]

Address: [Orthopedic Specialist's Address]

Phone: [Orthopedic Specialist's Phone Number]

Dear Dr. [Orthopedic Specialist's Last Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [Patient's Gender] who has been experiencing [brief description of symptoms or issues, e.g., persistent knee pain, limited mobility, etc.].

After thorough examination and assessment, I believe that an orthopedic evaluation is necessary to better address [his/her/their] condition. [Patient's First Name] has been experiencing [mention any relevant history, treatment, or imaging results, if applicable].

Please find enclosed [Patient's Full Name]'s medical history and any relevant examination notes for your review.

Thank you for your assistance in this matter. Please feel free to contact me if you need further information regarding [Patient's First Name]'s medical history.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice Name]

[Your Contact Information]