

Patient Referral Letter

Date: [Insert Date]

From:

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[City, State, Zip]

[Phone Number]

[Email Address]

To:

[Specialist's Name]

[Specialist's Title]

[Specialist's Practice Name]

[Specialist's Address]

[City, State, Zip]

Dear [Specialist's Name],

I am referring my patient, [Patient's Name], a [Patient's Age]-year-old [male/female], for further evaluation and management of [specific condition or reason for referral].

Patient's Medical History:

- [Relevant medical history]
- [Previous treatments or interventions]
- [Any allergies]

Current Medications:

- [List of medications]

Please find attached the relevant medical records for your review. I appreciate your attention to this matter and trust you will provide exceptional care for my patient.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]