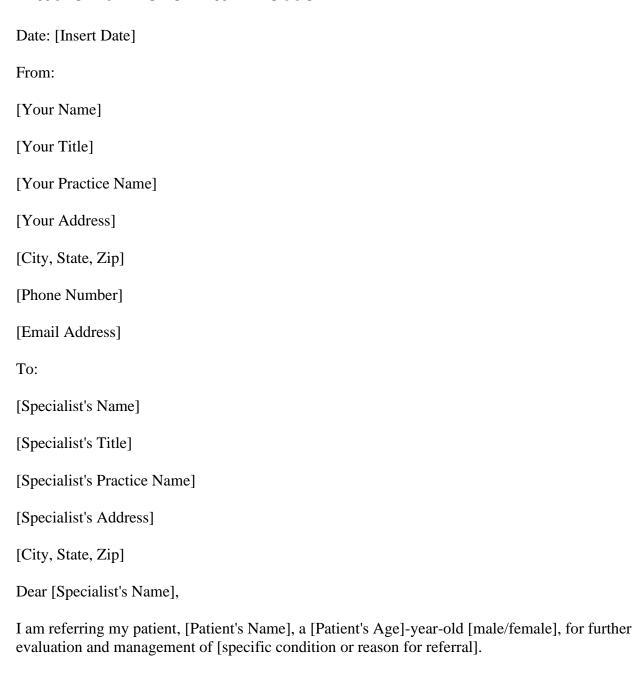
## **Patient Referral Letter**



- 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]