

Hypertension Management Consultation Letter

Date: [Insert Date]

To: [Referring Physician's Name]

[Referring Physician's Address]

Dear Dr. [Referring Physician's Last Name],

RE: Consultation for [Patient's Name], [Patient's Age], [Patient's Medical Record Number]

I am writing to confirm that I have evaluated [Patient's Name] on [Consultation Date] for management of their hypertension. The patient presented with a history of high blood pressure readings and related symptoms, which prompted this consultation.

During the assessment, the following key findings were noted:

- Blood Pressure: [Insert Reading]
- Heart Rate: [Insert Rate]
- Weight: [Insert Weight]
- Relevant Laboratory Results: [Insert Results]

Based on my evaluation, I recommend the following management plan:

1. Medication: [Specify Medication and Dosage]
2. Lifestyle Modifications: [Specify Recommendations]
3. Follow-up Appointments: [Specify Frequency]

Please feel free to contact me should you have any further questions or require additional information regarding [Patient's Name]'s management.

Thank you for your referral.

Sincerely,

[Your Name], [Your Title]

[Your Practice Name]

[Your Contact Information]