

Referral Request for Neurological Services

[Your Name]
[Your Title]
[Your Clinic/Hospital Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]
[Date]

[Neurologist's Name]
[Neurologist's Title]
[Neurology Practice/Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Neurologist's Name],

I am writing to refer my patient, [Patient's Name], who is experiencing [brief description of symptoms, including duration and severity]. I believe a consultation with you would be beneficial in further evaluating and managing their condition.

Patient Details:

- Age: [Patient's Age]
- Medical History: [Brief overview of relevant medical history]
- Current Medications: [List of current medications]
- Referring Concerns: [Specific issues to address]

Please find attached any relevant medical records and test results for your review. I appreciate your attention to this matter and look forward to your expert evaluation.

Thank you for your cooperation.

Sincerely,
[Your Name]
[Your Title]
[Your Clinic/Hospital Name]