

Kidney Function Monitoring Program

Date: [Insert Date]

To: [Insert Hospital Name]

Attn: [Insert Recipient's Name]

Address: [Insert Hospital Address]

Dear [Recipient's Name],

We are pleased to inform you about our Kidney Function Monitoring Program designed for referral hospitals. This program aims to enhance the early detection and management of kidney diseases among patients.

As a part of this initiative, we would like to refer [Insert Patient's Name], a [Insert Age]-year-old patient who has shown signs of declining kidney function. We believe that a comprehensive evaluation and continued monitoring in your esteemed institution will greatly benefit this patient.

Enclosed with this letter are the patient's medical records, test results, and any relevant imaging studies for your review. We kindly ask for your assistance in providing further evaluation and management recommendations at your earliest convenience.

Please feel free to reach out to us for any additional information or to discuss this referral in more detail.

Thank you for your cooperation and support in improving kidney health in our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]