

Patient Referral for Diagnostic Testing

Date: [Insert Date]

To: [Insert Recipient's Name]
[Insert Recipient's Title]
[Insert Facility/Organization Name]
[Insert Address Line 1]
[Insert Address Line 2]
[Insert City, State, ZIP Code]

Dear [Insert Recipient's Name],

I am referring my patient, [Insert Patient's Name], who is [Insert Patient's Age] years old, for diagnostic testing. The patient has a history of [Insert Brief Medical History] which warrants further investigation.

Recommended Diagnostic Tests:

- [Test 1]
- [Test 2]
- [Test 3]

Please find enclosed the patient's medical records and any relevant test results.

If you have any questions or require additional information, please do not hesitate to contact me at [Insert Your Phone Number] or [Insert Your Email Address].

Thank you for your attention to this matter.

Sincerely,
[Insert Your Name]
[Insert Your Title]
[Insert Your Practice/Organization Name]
[Insert Your Address Line 1]
[Insert Your Address Line 2]
[Insert City, State, ZIP Code]
[Insert Your Phone Number]
[Insert Your Email Address]