

Patient Referral for Follow-Up Care

From: [Your Name]

[Your Title]

[Your Facility Name]

[Facility Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for follow-up care following their recent treatment for [specific condition or procedure]. The patient has shown [mention any relevant symptoms or improvements].

Please find attached the patient's medical history and any relevant test results for your review. I recommend further evaluation and management of their condition at your earliest convenience.

Thank you for your attention to this matter. If you have any questions or need further information, please feel free to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]