

# Patient Referral Letter for Orthopedic Evaluation

Date: [Insert Date]

Referring Physician: [Your Name, MD]

Practice Name: [Your Practice Name]

Address: [Your Address]

City, State, Zip: [Your City, State, Zip]

Phone: [Your Phone Number]

Email: [Your Email Address]

To: [Orthopedic Specialist's Name]

Practice Name: [Orthopedic Practice Name]

Address: [Orthopedic Practice Address]

City, State, Zip: [Orthopedic Practice City, State, Zip]

Dear Dr. [Orthopedic Specialist's Last Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age] year-old [Patient's Gender], for an orthopedic evaluation. The patient has been experiencing [brief description of symptoms or reason for referral, e.g., chronic knee pain, recent injury, etc.].

Relevant medical history includes:

- [Relevant medical history or surgical history]
- [Any ongoing medications]

On examination, the patient presented with [brief description of physical examination findings]. Based on my assessment, I believe a comprehensive evaluation by an orthopedic specialist is warranted.

Please find enclosed copies of the patient's pertinent medical records and previous imaging studies for your review.

I appreciate your attention to this referral and look forward to your evaluation and recommendations for further management.

Thank you for your assistance.

Sincerely,

[Your Name, MD]

[Your Medical License Number]