

Referral Letter

From:

Dr. John Smith
Primary Care Physician
123 Health St.
City, State, ZIP
Phone: (123) 456-7890
Email: drsmith@example.com

To:

Dr. Jane Doe
Cardiologist
456 Heart Ave.
City, State, ZIP
Phone: (987) 654-3210

Date: [Insert Date]

Dear Dr. Doe,

I am writing to refer my patient, **[Patient's Name]**, a **[Patient's Age]** year old **[Gender]**, for specialist evaluation and management of ongoing cardiology issues.

Patient History:

- **Presenting Symptoms:** [List Symptoms]
- **Relevant Medical History:** [Include Any Relevant Medical History]
- **Current Medications:** [List Medications]

After conducting preliminary examinations and necessary tests, including [list any relevant tests], it is imperative that **[Patient's Name]** receives further evaluation and management from your expertise in cardiology.

Please find attached the patient's medical records and test results for your review. I appreciate your assistance in this matter and look forward to your recommendations.

Thank you for your attention to this referral.

Sincerely,
Dr. John Smith
Primary Care Physician