

# Referral for Specialist Consultation

**From:** [Your Name]  
**Practice Name:** [Your Practice Name]  
**Address:** [Your Address]  
**Phone:** [Your Phone Number]  
**Email:** [Your Email]  
**Date:** [Date]

**To:** [Specialist's Name]  
**Practice Name:** [Specialist's Practice Name]  
**Address:** [Specialist's Address]

## Patient Information

**Name:** [Patient's Name]  
**DOB:** [Patient's Date of Birth]  
**Insurance:** [Patient's Insurance Information]

## Reason for Referral

I am referring [Patient's Name] for evaluation and management of endocrinology concerns, specifically [describe specific issues, e.g., thyroid dysfunction, diabetes management, hormonal imbalances].

## History and Findings

[Include relevant medical history, symptoms, diagnostic findings, and any associated treatments that have been tried. Mention any tests already conducted and their results.]

## Requested Action

Please evaluate the patient and provide your expertise in managing their condition. Any recommendations for further testing or treatment options would be greatly appreciated.

Thank you for your attention to this referral. Please feel free to contact me with any questions or for further information.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Practice Name]