

# Referral for Gastroenterology Consultation

Date: [Insert Date]

To: [Gastroenterologist's Name] [Gastroenterology Clinic/Hospital Name] [Address] [City, State, Zip Code]

Dear [Gastroenterologist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age] year old [gender], for a gastroenterology evaluation. The patient has been experiencing [describe symptoms, e.g., persistent abdominal pain, changes in bowel habits, etc.] for the past [duration].

Clinical findings include: - [List relevant clinical findings or tests] - [Any previous treatments or interventions] - [Relevant family or medical history]

Given the patient's symptoms and the potential for [insert reason for referral, e.g., further evaluation of gastrointestinal disorder], I believe a thorough assessment by your team would be beneficial.

Please find attached the patient's medical records for your review. Feel free to contact me at [Your Phone Number] or [Your Email Address] if you require additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name] [Your Title] [Your Practice/Organization Name] [Address] [City, State, Zip Code]  
[Phone Number] [Email Address]