

Referral for Specialist Consultation: Neurology Assessment

Date: [Insert Date]

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

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who is a [Patient's Age]-year-old [Male/Female] with a medical history significant for [briefly describe relevant medical history]. [He/She] has been experiencing [describe symptoms, duration, and any related details].

After a thorough assessment, I believe a specialist consultation for neurology is warranted to evaluate [specific issues or concerns], and to determine an appropriate management plan.

Please find attached [any relevant tests, records, or imaging results]. I would appreciate your expert evaluation and any recommendations you may have regarding [Patient's Name]'s care.

Thank you for your attention to this referral. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] should you need any further information.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]