

# Referral for Specialist Consultation

Date: [Date]

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

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [Gender], for an orthopedic assessment. [He/She/They] has been experiencing [brief description of symptoms, e.g., persistent knee pain] for [duration of symptoms].

Upon examination, [brief details of physical examination findings or diagnostic tests performed, e.g., range of motion limitations, imaging results, etc.]. Given [his/her/their] ongoing symptoms and the results of my assessment, I believe a specialist's evaluation is warranted.

Please find attached [any relevant documents, e.g., imaging results, previous treatment information]. I would appreciate your insights and recommendations for further management.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

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