

# Referral Letter for Specialist Consultation

**From:** [Referring Doctor's Name]  
**Address:** [Referring Doctor's Address]  
**Phone:** [Referring Doctor's Phone Number]  
**Email:** [Referring Doctor's Email]  
**Date:** [Date]

**To:** [Specialist's Name]  
**Specialty:** [Specialty]  
**Address:** [Specialist's Address]  
**Phone:** [Specialist's Phone Number]

## Patient Information

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

## Reason for Referral

I am referring [Patient's Name] for specialist consultation regarding [specific issue or condition]. The patient has been experiencing [symptoms or concerns], and I believe that your expertise in [specialist's field] would be invaluable for further evaluation and management.

## Medical History

[Brief summary of medical history relevant to the referral]

## Attachments

[List any attached documents, such as lab results or imaging studies]

## Thank you

Thank you for your attention to this matter. Please do not hesitate to contact me if you need further information.

Sincerely,

[Referring Doctor's Name]  
[Referring Doctor's Title]