

Referral Letter

Date: [Insert Date]

To: Dr. [Specialist's Name]

[Specialist's Address]

[City, State, Zip Code]

Dear Dr. [Specialist's Last Name],

I am writing to refer my patient, [Patient's Full Name], a [age] year-old [male/female], for a pulmonology evaluation. The patient has been experiencing [brief description of symptoms, e.g., persistent cough, shortness of breath, etc.] for [duration].

Upon examination, [he/she/they] exhibited [mention any relevant findings, e.g., wheezing, decreased breath sounds, etc.]. Initial tests, including [list any tests performed, e.g., chest X-ray, spirometry], have been conducted but further evaluation is warranted.

Given [his/her/their] symptoms and medical history, I believe a detailed assessment by your expertise would be beneficial. Please find attached [any relevant medical records or test results].

Thank you for your attention to this matter. Please feel free to contact me at [your phone number] or [your email] for any further information.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice/Institution]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]