Patient Referral for Diagnostics

From:

Dr. John Smith Family Medicine Clinic 123 Health St., Suite 100 YourTown, ST 12345 Phone: (555) 123-4567 Email: john.smith@healthclinic.com

To:

Dr. Jane Doe Diagnostic Imaging Center 456 Wellness Blvd. YourTown, ST 12345 Phone: (555) 987-6543

Date: October 23, 2023

Patient Information:

Name: Michael Johnson Date of Birth: January 15, 1980 Address: 789 Patient Ave., YourTown, ST 12345 Phone: (555) 678-9123

Reason for Referral:

Michael Johnson presents with persistent abdominal pain and fatigue. Previous examinations have ruled out common causes, and further diagnostic imaging is necessary to evaluate for potential underlying issues.

Requested Diagnostics:

Abdominal ultrasoundCT scan of the abdomen

Additional Notes:

Please find attached the patient's medical history and laboratory results relevant to this case. I appreciate your timely attention to this referral as we seek to provide the best care for Mr. Johnson.

Thank you for your assistance.

Sincerely, Dr. John Smith Family Medicine Clinic