

Patient Referral Letter

Date: [Insert Date]

To: [Pediatric Specialist's Name]

[Pediatric Specialist's Address]

[City, State, ZIP Code]

Dear [Pediatric Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender] who presents with [brief description of the medical issue or symptoms].

Relevant medical history includes:

- [Medical History Item 1]
- [Medical History Item 2]
- [Medical History Item 3]

Current medications are as follows:

- [Medication 1]
- [Medication 2]

I believe that [Patient's Name] would benefit from your specialized care in [specific area of pediatric care]. Please find attached all relevant medical records for your review.

Thank you for your attention to this referral. I look forward to your expertise in managing [Patient's Name]'s care.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]