

Patient Referral Letter for Second Opinion

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Title]

[Specialist's Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who seeks a second opinion regarding their medical condition. [Patient's Name] has been under my care for [duration], and we have been addressing [briefly describe the condition].

Your expertise in [specialty or area of interest] would be greatly appreciated in evaluating [Patient's Name]'s case. Enclosed are the relevant medical records, including [specific tests, previous treatments, etc.].

Please feel free to reach out to me for any additional information you may require. I appreciate your assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]