

Patient Referral Letter

Date: [Insert Date]

To: [Specialist's Name]

Address: [Specialist's Address]

Subject: Referral for Specialized Care

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who is [Patient's Age] years old, for specialized care. [Patient's Full Name] has been experiencing [brief description of medical condition/symptoms] and requires your expert evaluation and management.

Patient Information:

- **Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's DOB]
- **Insurance Information:** [Patient's Insurance Details]
- **Contact Number:** [Patient's Contact Number]

Medical History:

[Brief summary of relevant medical history, treatments, and medications]

Reason for Referral:

[Details regarding the reason for referral, including any specific concerns or required assessments]

Please find attached all relevant medical records for your review. I appreciate your attention to this matter and look forward to your expert guidance in managing [Patient's Full Name]'s care.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization]

[Your Contact Information]