

Patient Referral for Surgical Evaluation

Date: [Insert Date]

To: [Surgeon's Name]
[Surgeon's Title]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Surgeon's Name],

I am referring my patient, [Patient's Name], a [Age]-year-old [Male/Female], for surgical evaluation regarding [Brief Description of the Condition]. The patient has been experiencing [Details of Symptoms] for [Duration of Symptoms] and has undergone [Previous Treatments/Tests] without significant improvement.

The relevant medical history includes:

- [Condition 1]
- [Condition 2]
- [Medication]

Your expertise and insight regarding potential surgical options would be invaluable. Please find attached the patient's medical records and any pertinent imaging studies for your review.

Thank you for your assistance. I look forward to your evaluation and recommendations.

Sincerely,

[Your Name]
[Your Title]
[Your Clinic/Hospital Name]
[Contact Information]