

Patient Referral for Urgent Care Services

[Your Medical Practice Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

Date: [MM/DD/YYYY]

To: [Urgent Care Facility Name]

[Urgent Care Facility Address]

[City, State, Zip Code]

Re: Patient Referral for Urgent Care

Dear [Urgent Care Provider's Name],

I am writing to refer my patient, [Patient's Name], [Patient's Age] years old, for urgent care assessment and treatment. The patient is experiencing [brief description of symptoms and condition, e.g., severe abdominal pain, fever, etc.] and requires immediate medical attention.

Relevant medical history includes:

- [Medical Condition 1]
- [Medical Condition 2]
- [Any allergies or medications]

Attached are copies of the patient's relevant medical records and test results for your review.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any additional information or questions regarding this referral.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice Name]