

Specialist Consultation Request

Date: [Insert Date]

To: [Cardiology Specialist's Name]

[Specialist's Clinic Name]

[Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender], for a cardiology assessment. [Patient's Name] has been experiencing [brief description of symptoms, e.g., chest pain, shortness of breath] and requires further evaluation.

Relevant medical history includes:

- [Condition 1]
- [Condition 2]
- [Medications]

Please find attached pertinent medical records that may assist in your evaluation.

Thank you for your attention to this matter. I look forward to your assessment and recommendations for [Patient's Name]'s care.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice/Organization Name]

[Your Contact Information]