

Request for Gastroenterology Consultation

Date: **[Insert Date]**

To: **[Gastroenterologist's Name]**

From: **[Your Name]**

[Your Title]

[Your Institution/Practice]

[Your Contact Information]

Dear [Gastroenterologist's Name],

I am writing to request a consultation for my patient, **[Patient's Name]**, who is a **[Patient's Age]** year-old **[Patient's Gender]** presenting with the following symptoms:

- [Symptom 1]
- [Symptom 2]
- [Symptom 3]

Medical history includes:

- [Relevant Medical History]
- [Current Medications]

The purpose of this consultation is to evaluate **[Patient's Name]** for **[Specific Concern or Diagnosis]** and to recommend further management strategies.

Please find attached the relevant medical records and test results for your review.

Thank you for your attention to this matter. I look forward to your expert guidance on managing this patient's condition.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice]