

Specialist Consultation Request

From: [Your Name]
Address: [Your Address]
Phone: [Your Phone Number]
Email: [Your Email]
Date: [Date]

To: [Referring Physician's Name]
[Referring Physician's Address]
[Referring Physician's Phone Number]
[Referring Physician's Email]

Dear [Referring Physician's Name],

I am writing to refer [Patient's Name], a [Patient's Age] year-old [gender] who has been experiencing [brief explanation of symptoms or concerns]. These symptoms have persisted for [duration] and are affecting [Patient's Name]'s daily activities, including [specific activities impacted].

Given the patient's condition, I believe an orthopedic evaluation is warranted to assess [specific issues such as joint pain, mobility concerns, etc.]. The patient's medical history includes [relevant medical history or previous treatments].

Please find the enclosed documentation of the patient's medical records and imaging studies for your review.

Thank you for your attention to this matter. I look forward to your evaluation and recommendations for further management.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Practice]