

Request for Pediatric Specialist Evaluation

Date: [Insert Date]

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

Dear [Pediatric Specialist's Name],

I am writing to request a consultation for my patient, [Patient's Name], a [Patient's Age]-year-old [boy/girl], who has been experiencing [brief description of symptoms or concerns].

Patient's Medical History:

[Brief summary of relevant medical history, including any previous treatments, medications, or important diagnostic results.]

Reason for Referral:

[Detailed explanation of the reason for the referral and what specific evaluation or treatment is being requested.]

Please find enclosed [any relevant documents like lab results, imaging reports, etc.] for your review.

We appreciate your assistance and look forward to your evaluation and recommendations for [Patient's Name]. Please contact me at [Your Phone Number] or [Your Email Address] should you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice/Organization Name]
[Your Contact Information]