

Consultation Request

Date: [Insert Date]

To: [Doctor's Name]

Specialty: Pulmonology

Referring Physician: [Your Name]

Referring Physician Contact: [Your Contact Information]

Patient Information

Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Medical Record Number: [Patient's MRN]

Reason for Consultation

[Insert brief description of the patient's condition, symptoms, and why a pulmonology consultation is necessary.]

Relevant Medical History

[Insert relevant medical history, past treatments, and medications.]

Requested Action

Please evaluate the patient for [insert specific evaluations or treatments requested].

Attachments

[List any attached documents, such as previous medical records, imaging studies, or lab results.]

Thank you for your attention to this matter. Please feel free to contact me at [Your Contact Information] should you have any questions regarding this referral.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]