Consultation Request for Rheumatology Assessment

Date: [Insert Date]

Referring Physician: [Physician's Name]

Practice Name: [Practice Name]

Address: [Practice Address]

Phone: [Practice Phone]

Patient Information:

Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Insurance Information: [Insurance Details]

Reason for Referral:

[Brief Description of the patient's symptoms, medical history, and reasons for requesting a rheumatology consultation]

Relevant Medical History:

[Summary of relevant medical history, including previous treatments, diagnoses, and any pertinent lab results]

Requested Assessments:

[Any specific assessments or tests that are being requested from the rheumatologist]

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] should you need further information.

Sincerely,

[Your Name]
[Your Title]

[Your Practice Name]
[Your Contact Information]