

Referral Letter

Date: [Insert Date]

To: [Doctor's Name]

Specialty: Gastroenterology

Address: [Doctor's Address]

Dear [Doctor's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing [brief description of symptoms, e.g., abdominal pain, persistent bloating, etc.]. The symptoms have been ongoing for [duration] and have not improved with standard treatment.

Given the patient's condition, I believe a comprehensive gastrointestinal examination is warranted. Please evaluate the patient for potential gastrointestinal disorders, including but not limited to [list any specific concerns, e.g., irritable bowel syndrome, gastroesophageal reflux disease, etc.].

The patient's relevant medical history includes [brief medical history, medications, or previous treatments], which may assist in your evaluation.

Thank you for your attention to this referral. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] if you need further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Address]