

Referral Letter for Hypertension Specialist

Date: _____

To: [Specialist's Name]

[Specialist's Clinic/Hospital Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who has been diagnosed with hypertension that requires specialized evaluation and management.

Patient Information:

- Age: [Patient's Age]
- Gender: [Patient's Gender]
- Medical History: [Brief medical history related to hypertension]
- Current Medications: [List of medications]
- Blood Pressure Readings: [Recent readings]

The patient's hypertension has been [description of the condition; e.g., resistant, poorly controlled, etc.]. I would appreciate your expertise in further evaluation and management, including the consideration of [any specific tests/special treatments if necessary].

Please feel free to contact me if you need any further information regarding the patient's medical history or treatment plan.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]