

Specialist Referral Authorization

From: [Your Name]
Position: [Your Position]
Organization: [Your Organization]
Date: [Date]

To: [Recipient's Name]
Position: [Recipient's Position]
Organization: [Recipient's Organization]

Dear [Recipient's Name],

I am writing to refer [Patient's Name], born on [Patient's Date of Birth], for specialized mental health services. This referral is warranted due to [brief explanation of the patient's condition, symptoms, and previous treatments].

Considering [Patient's Name]'s treatment history and current needs, I recommend that they receive [specific type of services needed, e.g., psychotherapy, psychiatric evaluation]. I believe that your expertise in [specific area of mental health] would greatly benefit [Patient's Name].

Please find attached [any relevant documents, such as assessment reports or prior treatment summaries]. I would appreciate your timely review of this referral and any necessary authorizations for [Patient's Name] to commence treatment.

Thank you for your attention to this matter. Do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require further information.

Sincerely,

[Your Name]
[Your Position]
[Your Organization]
[Your Phone Number]
[Your Email Address]