

Referral Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to authorize the transfer of my patient, [Patient's Full Name], [Patient's Date of Birth], to [Receiving Specialist's Name or Facility] for further evaluation and treatment.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Medical Record Number]
- Current Diagnosis: [Current Diagnosis]

The reason for referral is [brief explanation of the patient's condition, symptoms, or concerns]. I believe that [Receiving Specialist's Name] is best suited to provide the necessary care and expertise for this case.

Attached are the relevant medical records, test results, and any other pertinent documentation needed for the referral process.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice/Organization]

[Your Address]

[Your Phone Number]

[Your Email Address]