

Specialist Referral Authorization

Date: [Insert Date]

To Whom It May Concern,

I am writing to authorize a referral for pediatric consultation for my patient:

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's DOB]

Insurance Information: [Insurance Provider, Policy Number]

Reason for referral: [Brief description of the medical issue or concern]

Please schedule an appointment at your earliest convenience with:

Specialist Name: [Specialist's Full Name]

Practice Name: [Practice/Clinic Name]

Contact Information: [Phone Number, Email]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]

[Your Contact Information]