

Specialist Referral Authorization

Date: [Insert Date]

To: [Referring Specialist's Name]
[Referring Specialist's Address]
[City, State, Zip Code]

Dear [Referring Specialist's Name],

I am writing to authorize a referral for a second opinion regarding the medical care of my patient, [Patient's Name], [Patient's Date of Birth]. After evaluating [his/her/their] condition, it is clear that a second opinion could provide additional insights and options for [his/her/their] ongoing treatment.

Details of the patient's condition are as follows:

- Diagnosis: [Insert Diagnosis]
- Current Treatment Plan: [Insert Current Treatment Plan]

I recommend that [Patient's Name] seeks a second opinion from [Specialist's Name], who specializes in [Specialization]. The contact information for [Specialist's Name] is as follows:
[Specialist's Address]
[City, State, Zip Code]
Phone: [Specialist's Phone Number]

Please do not hesitate to contact me if you need any further information or clarification regarding this referral.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Title/Position]
[Your Practice/Organization Name]
[Your Contact Information]