

# Referral Authorization Letter

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Insurance Provider:** [Insert Insurance Company]

**Policy Number:** [Insert Policy Number]

## To Whom It May Concern,

I am writing to authorize a referral for **[Patient Name]** for urgent medical evaluation and treatment. Due to **[brief description of medical condition]**, it is imperative that the patient is seen by a specialist as soon as possible.

### Referral Details:

**Specialist Name:** [Insert Specialist Name]

**Specialty:** [Insert Specialty]

**Contact Information:** [Insert Contact Information]

**Appointment Date/Time (if known):** [Insert Date/Time]

### Urgency of Referral:

This referral is considered urgent due to **[reason for urgency]**. I kindly request that you expedite the appointment process for the patient.

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

Sincerely,

**[Your Name]**

**[Your Title]**

**[Your Practice Name]**

**[Your Address]**

**[Your Phone Number]**

**[Your Email Address]**