

# Orthopedic Consultation Letter

**Date:** [Date]

**Patient Name:** [Patient Name]

**Patient ID:** [Patient ID]

**Referring Physician:** [Referring Physician Name]

**Subject:** Consultation for Hip Joint Pain

Dear [Orthopedic Surgeon's Name],

I am referring [Patient Name], a [Age]-year-old [Gender] who has been experiencing persistent hip joint pain for the past [Duration]. The pain is localized around the hip joint and is characterized as [describe pain quality, e.g., sharp, dull, throbbing]. It is aggravated by [describe aggravating factors, e.g., ambulation, weight-bearing, certain activities] and is somewhat relieved by [describe relieving factors, e.g., rest, medication].

Upon examination, the following findings were noted:

- Range of motion: [details]
- Strength: [details]
- Tenderness: [details]
- Swelling: [details]

The patient has previously undergone [mention any prior treatments, interventions, or diagnostic tests]. The results of the X-rays/MRI/CT scan showed [include relevant findings].

Given the persistent nature of the symptoms and the findings from my examination, I believe a thorough orthopedic evaluation is warranted to assess the need for further intervention.

Please do not hesitate to contact me should you require any further information.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Contact Information]