

# Orthopedic Consultation Referral

Date: [Insert Date]

To: [Orthopedic Specialist's Name]

[Orthopedic Specialist's Address]

Dear [Orthopedic Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Age]-year-old [gender], who is in need of a pediatric orthopedic assessment. [Patient's Name] has been experiencing [brief description of symptoms or issues, e.g., persistent pain, difficulty in walking, etc.].

The relevant medical history includes:

- Diagnosis: [List any known conditions]
- Previous treatments: [List any treatments or interventions]
- Medications: [List any current medications]

Based on my evaluation, I believe further assessment by a specialist is warranted to determine the best course of action.

Please find attached the patient's medical records for your reference. I would appreciate your expert evaluation and recommendations.

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

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Your Contact Information]