

Orthopedic Consultation Referral

Date: _____

To: Dr. [Orthopedic Surgeon's Name]

[Orthopedic Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear Dr. [Orthopedic Surgeon's Last Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [Gender], for an orthopedic consultation regarding a shoulder injury.

Patient Information:

- **Medical Record Number:** [Patient's MRN]
- **Contact Information:** [Patient's Phone Number]
- **Insurance Information:** [Insurance Details]

Clinical History:

[Brief description of the patient's shoulder injury, symptoms, duration, any prior treatments, and relevant medical history.]

The patient has been experiencing [list specific symptoms such as pain, weakness, limited range of motion] since [onset date]. A physical examination and initial imaging (if applicable) were performed, which revealed [brief findings].

I believe a comprehensive evaluation and potential intervention from an orthopedic specialist would be beneficial for the patient. Please find enclosed any relevant imaging and lab results for your review.

Thank you for your attention to this matter. Should you need any further information, please do not hesitate to contact my office at [Your Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Address]

[City, State, Zip Code]

[Your Email Address]