

Orthopedic Consultation Referral

Date: [Insert Date]

To: [Orthopedic Specialist's Name]

[Orthopedic Specialist's Address]

[City, State, Zip Code]

From: [Your Name]

[Your Practice Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

Dear [Orthopedic Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [age]-year-old [gender] who is a [level of athlete, e.g., amateur, collegiate, professional] athlete, for an orthopedic consultation regarding a sports-related injury.

Clinical Findings:

- **Injury Diagnosis:** [Brief description of the injury, e.g., "ACL tear, ankle sprain"]
- **Symptoms:** [List symptoms, e.g., "swelling, pain, instability"]
- **Duration of Symptoms:** [Insert duration, e.g., "2 weeks"]
- **Treatment to Date:** [List any treatments provided, e.g., "rest, ice, physical therapy"]

Please evaluate [Patient's Name] for [specific concerns or interventions, e.g., "possible surgical intervention, rehabilitation options"]. I have attached the relevant medical records for your review.

Thank you for your attention to this referral. Please feel free to contact me if you have any questions or require further information.

Sincerely,

[Your Name]

[Your Medical Title]