

Orthopedic Consultation Request

Patient Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Patient Address: [Patient's Address]

Referring Physician: [Referring Physician's Name]

Referring Physician's Contact: [Referring Physician's Contact Info]

Date: [Date]

To Whom It May Concern,

I am writing to request an orthopedic consultation for my patient, [Patient's Name], who is experiencing symptoms consistent with arthritis. The patient presents with [describe symptoms, e.g., joint pain, stiffness, swelling] which has been progressively worsening over the past [duration].

The patient has undergone initial evaluation including [list any relevant tests or treatments done], but despite these measures, symptoms persist, negatively impacting their daily activities.

Based on the clinical findings, I believe that a detailed orthopedic evaluation is necessary to assess the extent of the condition and determine appropriate management strategies.

Thank you for your attention to this request. Please feel free to contact me with any questions or require additional information.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]

[Your Practice/Facility Name]