

Orthopedic Consultation Request

Date: [Insert Date]

Referring Physician: [Your Name]

Practice Name: [Your Practice Name]

Address: [Your Address]

Phone: [Your Phone Number]

Email: [Your Email]

To: [Orthopedic Specialist's Name]

[Orthopedic Specialist's Practice]

[Orthopedic Specialist's Address]

Dear [Orthopedic Specialist's Name],

I am referring my patient, [Patient's Full Name], who is [Patient's Age] years old, for an orthopedic consultation due to persistent back pain management issues. The patient has been experiencing symptoms for the past [duration] and has undergone [mention any previous treatments or interventions].

Patient History:

- Chief Complaint: [Describe back pain symptoms]
- Medical History: [Relevant medical history]
- Medications: [Current medications]
- Previous Interventions: [Any past treatments related to back pain]

I believe the patient may benefit from a comprehensive orthopedic evaluation to determine the underlying cause of the back pain and to discuss potential management options. Your expertise in this matter would be greatly appreciated.

Please find attached any relevant imaging studies and laboratory results.

Thank you for your attention to this matter. I look forward to your assessment and recommendations.

Sincerely,

[Your Name]

[Your Medical Title]