

Internal Medicine Case Review Consultation

Date: [Insert Date]

To: [Consulting Physician's Name]

From: [Your Name, Your Title]

Subject: Case Review Consultation Request for [Patient's Name]

Patient Information:

- **Name:** [Patient's Name]
- **Age:** [Patient's Age]
- **Gender:** [Patient's Gender]
- **Medical Record Number:** [Patient's MRN]

Clinical Summary:

[Brief summary of the patient's medical history, current condition, and any previous treatments. Include pertinent lab results, imaging, and clinical findings that are relevant to the case.]

Reason for Consultation:

[Explain the specific reason for requesting the consultation, including any particular questions or concerns regarding the patient's management.]

Requested Action:

[Outline what you would like the consulting physician to do, such as providing a second opinion, recommendations for treatment, or additional evaluations.]

Attachments:

[List any relevant documents attached, such as lab reports, imaging studies, or previous notes.]

Thank you for your attention to this case. I look forward to your expertise and recommendations.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]