Formal referral for surgical dental procedure

Subject: Referral for Oral Surgery Evaluation

Dear Dr. [Last Name],

I am referring my patient, [Patientâ€™s Name], for an oral surgery consultation. The patient presents with [condition: e.g., impacted third molars, jaw cyst, or facial trauma] requiring surgical assessment and intervention.

Relevant diagnostic imaging and previous treatment notes have been included with this letter. The patient is fully informed of the need for referral and is expecting your office to contact them.

I appreciate your prompt attention to this case and your continued collaboration.

Kind regards,

[Your Full Name]

[Practice Information]