

Doctor Referral Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Medical Facility/Hospital Name]

[Medical Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], for specialized medical care and evaluation under your expertise. I believe that [Patient's First Name] would greatly benefit from your knowledge and skills in [Specialty/Department].

Patient Information:

- Patient's Full Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Gender: [Patient's Gender]
- Medical Record Number (if applicable): [Patient's MRN]
- Brief Medical History/Diagnosis: [Briefly describe the patient's medical condition or reason for referral]

I have been providing medical care for [Patient's First Name] and have conducted initial assessments, diagnostic tests, and initiated treatment as necessary. However, I believe that the complexity and specialized nature of [his/her] condition warrant consultation and care from a

specialist in [Specialty/Department].

I kindly request your expertise in evaluating [Patient's First Name]'s medical condition and developing a comprehensive treatment plan. I am confident that your specialized knowledge and experience will provide valuable insights and contribute significantly to [his/her] overall well-being. Enclosed with this letter, please find relevant medical records, test results, and any relevant imaging reports to assist you in your assessment. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or have questions regarding the patient's medical history.

I greatly appreciate your attention to this matter and your dedication to providing the best possible care to [Patient's First Name]. I trust that your collaboration will lead to improved outcomes and enhanced patient care.

Thank you for your prompt attention to this referral. I look forward to receiving your assessment and recommendations for [Patient's First Name]'s care.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Medical License Number (if applicable)]

[Your Title/Position]

[Medical Facility/Hospital Name]

[Medical Facility Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Enclosures: [List of enclosed documents, if applicable]