

Hospital Referral Letter

[Your Name]

[Your Title/Position]

[Your Department]

[Your Hospital/Clinic Name]

[Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date: Month Day, Year]

[Recipient's Name]

[Recipient's Title/Position]

[Recipient's Hospital/Clinic Name]

[Address]

[City, State, ZIP Code]

Subject: Referral for Patient: [Patient's Full Name], [Patient's Date of Birth]

Dear Dr./Mr./Ms. [Recipient's Last Name],

I hope this letter finds you well. I am writing to refer my patient, [Patient's Full Name], for further evaluation and management of their medical condition. As part of our collaborative effort to provide the best possible care, I am seeking your expert opinion and assistance in addressing the specific healthcare needs of this patient.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Gender: [Patient's Gender]
- Medical Record Number: [Patient's MRN, if applicable]

- Diagnosis/Condition: [Brief description of the patient's diagnosis/condition]

- Relevant Medical History: [Brief summary of the patient's medical history]

Clinical Findings and Reasons for Referral:

[Provide a detailed overview of the patient's clinical presentation, diagnostic findings, and reasons for the referral. Highlight any specific concerns, test results, or treatment approaches that have led to the decision to refer the patient.]

Requested Evaluation and Management:

[Specify the services, tests, consultations, or procedures you are requesting from the recipient. Be clear about the objectives and goals of the referral, and any specific questions you would like the recipient to address.]

Current Medications:

[List the patient's current medications, dosages, and any relevant details about ongoing treatments.]

I would greatly appreciate your prompt attention to this referral. Please keep me informed about the evaluation, findings, and treatment plan for this patient. I am open to further discussion and collaboration regarding their care.

Please do not hesitate to contact me via email at [Your Email Address] or by phone at [Your Phone Number] if you require any additional information or have questions about this referral.

Thank you for your dedication to patient care and your ongoing collaboration. I am confident that your expertise will greatly contribute to the well-being of [Patient's Full Name].

Sincerely,

[Your Signature]

[Your Typed Name]

[Your Title/Position]

[Your Hospital/Clinic Name]

[Your Contact Information]

Enclosure: [Optional: List any relevant documents or reports enclosed with the referral letter]

Note: This template is a general guideline and can be customized to fit the specific requirements and practices of your hospital or clinic. Make sure to review and modify the content as necessary before sending it.