

Pediatric Referral Letter

Subject: Pediatric Referral for Specialized Care

Dear Dr. [Recipient's Name],

I am referring my pediatric patient, [Child's Name], aged [Age], for further assessment regarding [condition, e.g., recurrent infections, developmental concerns]. Current management has not achieved the desired outcomes.

Enclosed are growth charts, immunization records, and recent laboratory results. Your expert evaluation and recommendations are requested.

Thank you for your attention.

Warm regards,

[Your Name]

[Your Position]

[Contact Information]

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