

Medical Referral Letter

[Your Name]

[Your Title/Position]

[Your Clinic/Hospital Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Today's Date]

[Recipient's Name]

[Recipient's Title/Position]

[Recipient's Clinic/Hospital Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear Dr. [Recipient's Last Name],

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

I hope this letter finds you well. I am writing to refer my patient, [Patient's Full Name], to your esteemed care for further evaluation and treatment of their medical condition.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Gender: [Patient's Gender]
- Address: [Patient's Address]
- Phone Number: [Patient's Phone Number]
- Relevant Medical History: [Briefly summarize relevant medical history and previous treatments]

Presenting Complaint:

[Briefly describe the reason for the referral and the main symptoms or concerns expressed by the patient.]

Preliminary Diagnosis:

[If applicable, mention any provisional diagnosis made by you based on the initial evaluation.]

Results of Relevant Tests:

[Include any pertinent test results, imaging studies, or laboratory findings that may help the specialist in their assessment.]

Reason for Referral:

[Explain the specific reason for the referral and what type of expertise or specialty the patient requires. Be clear and concise in detailing why you believe the patient will benefit from the specialist's care.]

Requested Evaluation and Treatment:

[Specify any particular examinations or procedures you would like the specialist to conduct and what kind of treatment you believe would be most appropriate.]

Patient's Expectations:

[Briefly mention any concerns, fears, or expectations expressed by the patient regarding the referral process.]

I trust that [Patient's Full Name] will be in excellent hands under your care. Your expertise in [specialty/area of focus] will undoubtedly contribute to a comprehensive evaluation and the best possible treatment outcomes for the patient.

Please keep me informed of the patient's progress, and I remain available for any collaboration or assistance required during the course of their treatment.

Thank you for your attention to this referral, and I appreciate your timely assessment and management of my patient. If you have any questions or need further information, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic/Hospital Name]

[Your Signature if a physical letter]

[Enclosures: Any relevant medical reports or documents]