Dry Eye Specialist Referral Letter

Dear Dr. [Specialist Name],

I am referring [Patient Name], DOB: [Date of Birth], for advanced dry eye disease management.

CLINICAL PICTURE: Despite conservative management including [list treatments tried: artificial

tears, warm compresses, omega-3 supplements, prescription drops], the patient continues to

experience significant symptoms affecting quality of life. TBUT: [measurements], Schirmer testing:

[results], meibomian gland assessment: [findings].

The patient reports [impact on daily activities, work, driving]. I believe [Patient Name] would benefit

from advanced therapeutic options such as [IPL, LipiFlow, autologous serum, etc.].

Relevant history includes [autoimmune conditions, medications, previous treatments]. The patient is

motivated to pursue advanced treatment options.

Thank you for your specialized care.

Respectfully,

[Your Name], OD

[Practice Name]

[Contact Information]

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