Corneal Disease Referral Letter

Dear Dr. [Corneal Specialist Name],

I am referring [Patient Name], DOB: [Date of Birth], for evaluation and management of [corneal condition].

PRESENTATION: Patient presented with [symptoms: pain, redness, decreased vision, photophobia]. Slit lamp examination revealed [detailed corneal findings: infiltrate location/size, epithelial defect, stromal involvement, anterior chamber reaction]. Visual acuity: [measurements]. IOP: [measurements].

I have initiated treatment with [medications] and [Patient Name] has been using [current regimen]. However, [reason for referral: lack of improvement, progression, complexity requiring specialist care].

Cultures/smears performed: [if applicable]. The patient understands the serious nature of this condition.

I would appreciate your expert management and recommendations.

Thank you,

[Your Name], OD

[Practice Name]

[Contact Information]

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