

# Patient Referral Letter

[Your Name]

[Your Title/Position]

[Your Medical Facility]

[Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date: mm/dd/yyyy]

[Referring Physician's Name]

[Referring Physician's Title/Position]

[Referring Physician's Medical Facility]

[Address]

[City, State, ZIP Code]

Dear Dr. [Referring Physician's Last Name],

Re: Referral for Patient Care â€” [Patient's Full Name]

DOB: [Patient's Date of Birth]

Gender: [Patient's Gender]

Medical Record No: [Patient's Medical Record Number]

Date of Initial Consultation: [Date of Initial Consultation]

I hope this letter finds you well. I am writing to formally refer my patient, [Patient's Full Name], for your expert evaluation and potential ongoing management. I believe that your specialized skills and knowledge will greatly benefit the care and treatment of this individual.

Patient [Patient's Last Name] is [age]-year-old [male/female] who initially presented to my clinic with the following medical concerns: [Brief summary of presenting symptoms or medical conditions].

Following a thorough assessment and [relevant diagnostic tests/procedures], I have determined that

further consultation and care from your medical team is warranted.

I am particularly concerned about [specific reason for referral, e.g., a suspected diagnosis, need for specialized treatment, surgical opinion, etc.]. Given your extensive experience in [specialty], I believe that your insights will contribute significantly to the patient's well-being.

Please find attached or enclosed the relevant medical records, test results, and imaging reports for your review. I kindly request that you assess the patient's condition and provide your recommendations for further management. Additionally, I would appreciate your insights on the most suitable treatment plan, potential interventions, and any urgent steps that should be taken.

I understand the importance of clear and timely communication in patient care, and I trust that you will keep me informed of your evaluation findings and proposed management plan. Collaboration between our medical teams will ensure the best possible outcome for the patient.

Thank you for your attention to this matter. I have full confidence in your abilities and look forward to your expert guidance in managing this patient's health. Please do not hesitate to contact me at [your phone number] or [your email address] if you require any additional information or if there are any specific points you would like to discuss.

Warm regards,

[Your Signature]

[Your Printed Name]

[Your Title/Position]

[Your Medical Facility]

[Contact Information]

Enclosures: [List of enclosed documents, e.g., medical records, test results, imaging reports, etc.]

CC: [Other relevant parties to receive a copy of the referral letter, if applicable]