

## Referral for Diagnostic Imaging

Subject: Referral for Diagnostic Imaging

Dear [Imaging Center Name/Technician],

Please find referred patient [Patient Name], aged [Age], requiring [Type of Imaging, e.g., MRI, CT scan] for evaluation of [Condition]. Previous clinical assessment suggests further imaging is necessary.

Attached are the patient's history, preliminary lab results, and prior imaging. Kindly conduct the requested procedure and forward the findings to my office.

Sincerely,

[Referring Physician Name]

[Clinic/Hospital Name]

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