

Provisional Referral for Diagnostics

Subject: Referral for Diagnostic Assessment

Dear Dr. [Specialist Name],

I am referring [Patient Name] for further diagnostic testing related to [condition/symptom].

Preliminary evaluations suggest [findings], and your expertise in [specialty] is requested to clarify the diagnosis.

Attached are current reports and imaging results. Your assessment and recommendations will guide further treatment.

Thank you for your support.

Regards,

Dr. [Your Name]

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