

[Your Name]
[Your Position]
[Your Institution/Practice]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Recipient's Institution/Practice]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], who has been diagnosed with Chronic Kidney Disease (CKD). [He/She/They] is a [age]-year-old [gender] with a medical history that includes [briefly outline relevant medical history].

Upon recent evaluation, [Patient's Name] has exhibited [describe specific symptoms or test results indicating the severity of CKD]. Given the progression of [his/her/their] condition, I believe that specialized care from your esteemed facility would be most beneficial in managing [his/her/their] CKD.

Attached are [his/her/their] medical records, test results, and a summary of treatments provided to date. I am confident that your team will provide the comprehensive care needed.

Please feel free to reach out if you require any additional information or have any questions regarding this referral. I appreciate your attention to this matter and look forward to your expert evaluation of [Patient's Name].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position]