

[Your Name]
[Your Title]
[Your Practice/Organization]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Specialist's Name]
[Specialist's Title]
[Specialist's Practice/Organization]
[Address]
[City, State, Zip Code]

Dear [Specialist's Name],

RE: Referral for [Patient's Name], [Patient's Date of Birth]

I am referring [Patient's Name] to you for evaluation and management of [specific condition or symptoms].

****Patient History:****

- Medical history: [Brief summary of relevant medical history]
- Current medications: [List of medications]
- Allergies: [List of allergies]
- Latest relevant test results: [Brief summary of test results]

****Reason for Referral:****

[Detailed explanation of the reason for referral, including any specific concerns or requests for evaluation]

****Additional Information:****

[Include any additional notes or relevant information that may assist the specialist]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require further information. Thank you for your attention to this referral.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Practice/Organization]