

[Your Name]  
[Your Title]  
[Your Practice Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Practice Name]  
[Recipient's Address]  
[City, State, ZIP Code]  
Dear [Recipient's Name],  
Subject: Referral for [Patient's Name]  
I am writing to refer my patient, [Patient's Name], [Patient's Age] years old, who has been experiencing [brief description of the medical issue].  
\*\*Patient Details:\*\*  
- \*\*Patient ID:\*\* [Patient ID]  
- \*\*Date of Birth:\*\* [DOB]  
- \*\*Insurance Information:\*\* [Insurance Provider]  
\*\*Medical History:\*\*  
[Summarize relevant medical history, including any significant previous conditions or treatments.]  
\*\*Current Medications:\*\*  
[List current medications, dosages, and any pertinent allergies.]  
\*\*Reason for Referral:\*\*  
[Explain the specific reason for the referral, including any specialist consultations needed and any relevant findings.]  
\*\*Attachments:\*\*  
- [List any attached documents, such as lab results or imaging studies.]  
I would appreciate your expertise in evaluating [Patient's Name] and recommend any necessary interventions. Please feel free to contact me if you have any questions or require further information.  
Thank you for your attention to this matter.  
Sincerely,  
[Your Signature (if sending by mail)]  
[Your Printed Name]  
[Your Title]