

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

Dear [Recipient's Name],

I am writing to refer [Patient's Name], who has been under my care for [duration of treatment] concerning [specific condition or concern]. [Patient's Name] has exhibited [brief description of symptoms or issues], and I believe that they would greatly benefit from your expertise in [specific area of specialization].

During our consultations, we have discussed various treatment options, and I feel that your approach could provide [Patient's Name] with significant improvement. I am confident in your ability to offer the appropriate care that [he/she/they] requires.

Please find attached [any relevant medical records, test results, or documentation] that provide further details regarding [Patient's Name]'s condition.

Thank you for considering this referral. I appreciate your attention to this matter and look forward to your insights on how we can best support [Patient's Name].

Warm regards,

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