

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[HJMC - Hospital/Institution Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [age]-year-old [gender] who has been under my care for [duration]. [Patient's Name] presents with [brief description of medical condition or reason for referral].

Throughout [his/her/their] treatment, [Patient's Name] has displayed [positive attributes or response to initial treatment]. Given the complexity of [his/her/their] case, I believe that the specialized expertise at HJMC will greatly benefit [his/her/their] ongoing care.

I have attached [relevant medical records/documents] for your review.

Please feel free to contact me at [your phone number] or [your email] if you require any additional information.

Thank you for considering this referral. I am confident that [Patient's Name] will receive outstanding care at HJMC.

Sincerely,

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