

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

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing hypertension that requires further evaluation and management.

Patient Details:

- **\*\*Name:\*\*** [Patient's Name]
- **\*\*Date of Birth:\*\*** [Patient's DOB]
- **\*\*Medical Record Number:\*\*** [Patient's MRN]

Clinical Summary:

[Briefly describe the patient's medical history, relevant symptoms, previous treatments, and any pertinent lab results or imaging.]

Current Medications:

[List current medications related to hypertension or other relevant treatments.]

I believe [Patient's Name] would benefit from your expertise in managing their condition. Please feel free to contact me if you need any additional information or to discuss the case further.

Thank you for your attention to this matter.

Sincerely,

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