

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

[Recipient's Name]
[Recipient's Title]
[Recipient's Practice/Organization Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], who has been diagnosed with [specific condition] and is in need of intravenous (IV) therapy.

****Patient Details:****

- Age: [Patient's Age]
- Gender: [Patient's Gender]
- Medical History: [Brief summary of relevant medical history]
- Current Medications: [List of current medications]

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

[Provide a brief description of the patient's condition and why IV therapy is being considered. Include symptoms, treatment history, and any other relevant information.]

****Treatment Goals:****

[Outline the specific goals of the IV therapy and expected outcomes.]

I would appreciate your expertise in managing this patient's IV therapy. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or wish to discuss the case in more detail.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

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