

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

Dear [Recipient's Name],

Subject: Referral for IV Insertion

I am writing to refer [Patient's Name], a [Age]-year-old [gender] who is currently under my care for [brief description of medical condition]. The purpose of this referral is to request your assistance in performing an intravenous (IV) insertion for [specific reasons - e.g., medication administration, hydration, blood draws, etc.].

Patient History:

- Medical History: [Brief summary of relevant medical history]
- Current Medications: [List current medications]
- Allergies: [Specify any allergies]
- Relevant Labs/Tests: [Summarize any pertinent lab results or tests]

[Patient's Name] presents with [brief description of the current clinical condition that necessitates IV insertion]. Due to [explain any specifics such as challenges in accessing veins or previous attempts], I believe that your expertise in this area would greatly benefit the patient.

Please find attached the patient's medical records and any related documents for your review. I appreciate your prompt attention to this matter and look forward to your feedback.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Institution/Organization]
[Your Contact Information]