

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

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing significant knee pain and dysfunction due to [specific diagnosis, e.g., osteoarthritis]. After comprehensive evaluation and consideration of non-surgical management options, we have determined that a total knee replacement is the most appropriate course of action.

[Patient's Full Name] is a [age]-year-old [gender] who has reported symptoms including [list key symptoms, e.g., pain, swelling, limited range of motion] which have severely impacted their daily activities and quality of life. [He/She/They] has undergone [list previous treatments, e.g., physical therapy, corticosteroid injections] with minimal relief.

We have discussed the potential benefits and risks of the knee replacement procedure, and [Patient's Name] is eager to proceed. I believe [he/she/they] would benefit greatly from your expertise in orthopedic surgery, specifically regarding total knee arthroplasty. Please find attached relevant medical records, including diagnostic imaging and previous treatments administered. I trust that your evaluation will confirm the necessity for surgical intervention.

Thank you for your attention to this referral. I look forward to your evaluation and recommendations regarding [Patient's Full Name]'s surgical options.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]