

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

Dear [Recipient's Name],

RE: Referral for Lymphedema Evaluation and Management

I am writing to refer my patient, [Patient's Full Name], [Date of Birth], who has been experiencing symptoms indicative of lymphedema.

**\*\*Patient History:\*\***

- [Brief medical history relevant to lymphedema]
- [Any previous treatments or interventions]
- [Symptoms reported - swelling location, duration, etc.]

**\*\*Examination Findings:\*\***

- [Description of physical examination]
- [Circumference measurements, if applicable]
- [Any additional relevant diagnostic tests]

Given the complexity of [Patient's Name]'s condition, I believe a specialized evaluation and management plan is essential. I recommend assessment for potential lymphedema therapies, including but not limited to [specific therapies you believe are appropriate, e.g., manual lymphatic drainage, compression therapy].

Please feel free to contact me for any further information regarding this referral. I appreciate your assistance in the management of this patient. Thank you for your attention to this matter.

Sincerely,

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