

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to refer [Patient's Name], who has been diagnosed with lymphedema.

[Patient's Name] has been experiencing symptoms including [describe symptoms briefly, e.g., swelling, discomfort, etc.], which have significantly impacted their quality of life. Given the complexity of their condition, I believe that a specialized assessment and treatment plan from a lymphedema specialist would be beneficial.

In our previous consultations, we have implemented [describe any treatments or therapies attempted], but the results have been limited. I recommend that [Patient's Name] undergo a thorough evaluation, including any necessary imaging and functional assessments, to determine the best course of action moving forward.

Please find attached the relevant medical records and imaging studies for your review. I am confident that your expertise will provide [Patient's Name] with the necessary care and support.

Thank you for your attention to this matter. Please feel free to reach out if you need any further information.

Sincerely,

[Your Name]
[Your Title/Profession]
[Your Clinic/Practice Name]