

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request a referral for my patient, [Patient Name], who requires further evaluation and treatment via MHS Genesis.

****Patient Information:****

- ****Name:**** [Patient Name]
- ****Date of Birth:**** [Patient DOB]
- ****Patient ID:**** [Patient ID Number]
- ****Diagnosis/Condition:**** [Brief Description of Patient's Condition]
- ****Relevant Medical History:**** [Summarize Relevant Medical History]

Given the patient's condition, I believe that [specific referral type or specialist's name] at your facility would provide the necessary expertise for further management. I have attached [any relevant documents, test results, or medical records] that may assist in the referral process. Please feel free to contact me should you require any additional information or clarification. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization/Practice]
[Your Contact Information]