

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for [Patient's Name/ID]

I hope this message finds you well. I am writing to refer [Patient's Name], [Patient's ID], who has been under my care for [duration of care]. The purpose of this referral is to request a consultation regarding [specific issue/condition].

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Relevant Medical History: [Brief details]
- Current Medications: [List of medications]

Reason for Referral:

[Provide a brief overview of the presenting problem, symptoms, and any relevant diagnostic information.]

Previous Interventions:

[List any treatments, tests, or interventions already attempted.]

I believe that [describe the specialist's expertise or reasons for this referral] would be beneficial for [Patient's Name].

Please let me know if you require any further information or documentation. I appreciate your assistance in this matter and look forward to your response regarding the scheduling of this consultation. Thank you for your attention to this referral.

Sincerely,

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

Attachments: [List any attached documents, if applicable]