

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

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [Age]-year-old [Gender] who has been under my care for [duration] at [Your Institution/Practice Name].

[Patient's Name] presented with [a brief description of the medical condition or concern], and I believe they would benefit greatly from your expertise in [specific area of care].

During their time in my care, [briefly summarize the patient's medical history, treatments provided, and any relevant diagnostic results]. The key issues are as follows:

1. ****Medications****: [List current medications and dosages].
2. ****Allergies****: [List any known allergies].
3. ****Relevant Test Results****: [Summarize any important lab results, imaging studies, etc.].
4. ****Current Symptoms****: [Describe any symptoms the patient is currently experiencing].

I recommend that [specific treatments, assessments, or follow-up care] be conducted to address [explain the primary concerns]. Please find enclosed relevant medical records and test results for your review.

I appreciate your attention to this referral and look forward to your insights on [Patient's Name]'s care. Please feel free to contact me if you require any further information.

Thank you for your collaboration.

Sincerely,

[Your Name]
[Your Job Title]
[Your Institution/Practice Name]
[Your Contact Information]