

[Your Name]
[Your Job Title]
[Your Workplace]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Job Title]
[Recipient's Workplace]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for [Patient's Name or Reference Number]

I am writing to refer [Patient's Name], who has been under my care since [start date of care]. [He/She/They] is [age] and has been experiencing [brief description of the patient's condition or symptoms].

During [his/her/their] time at [Your Workplace], [Patient's Name] presented with [detailed description of the presenting issues, clinical findings, and any relevant history]. We have undertaken [list any treatments, assessments, or interventions performed].

Given [Patient's Name]'s condition, I believe it would be beneficial for [him/her/them] to receive further evaluation and management from your specialty in [specialty area]. [Include any specifics on the referral, such as urgency or additional assessments required].

Please find attached the relevant medical records for your review. I am confident that your expertise will provide [Patient's Name] with the best possible care.

Thank you for your attention to this referral, and please do not hesitate to contact me if you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title]
[Your Workplace]