

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Medical Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Patient Referral - [Patient's Name or Initials]
I am writing to refer my patient, [Patient's Full Name], a [age]-year-old [gender], who has been under my care for [duration]. The patient presents with [brief summary of medical history and current condition].
During my assessment, I noted [specific findings, symptoms, or concerns relevant to the referral]. Given their condition, I believe that [specific diagnostic tests, treatments, or specialist evaluations] are necessary for optimal management.
I recommend that you evaluate [Patient's Name] at your earliest convenience. Please find attached the relevant medical records and test results for your review.
Thank you for your assistance in the care of this patient. Please feel free to contact me if you need any further information or clarification.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position/Title]
[Your Medical Facility/Organization Name]
[Your Medical License Number (if applicable)]