

[Your Name]
[Your Position]
[Your Hospital/Clinic Name]
[Your Hospital/Clinic Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Recipient's Hospital/Clinic Name]
[Recipient's Hospital/Clinic Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Re: Referral for [Patient's Name, Age, Sex, MRN]

I am writing to refer my patient, [Patient's Name], who has been receiving care at our facility for [duration of treatment] for [medical condition or reason for referral].

****Clinical History:****

[Provide a brief summary of the patient's medical history relevant to the referral, including any diagnoses, treatments, and medications.]

****Current Status:****

[Describe the current health status of the patient, including symptoms and any recent test results or assessments.]

****Reason for Referral:****

[Explain why the referral is necessary, specifying any additional expertise required or further investigations needed.]

****Recommendations:****

[Outline any specific recommendations for the recipient regarding the patient's care, including potential treatments, follow-up appointments, or additional tests.]

Please find attached copies of relevant medical records, laboratory results, and imaging studies. I believe your expertise will be invaluable in managing [Patient's Name]'s condition moving forward.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]
[Your Position]
[Your Hospital/Clinic Name]