

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

[Recipient's Name]
[Recipient's Position]
[Recipient's Institution/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer [Patient's Full Name], a [Patient's Age] year-old [Male/Female] who has been under my care for [Duration of Care]. [He/She/They] presented with [Brief Description of Primary Health Concern or Condition].

During the assessment, I noted that [Patient's Name] exhibits [Relevant Symptoms/Conditions]. I believe that further evaluation and management by you would be beneficial for [his/her/their] continued care.

[Include any relevant medical history, treatments administered, and responses to those treatments.]

I have attached [any relevant documents, test results, or additional information] for your review.

Thank you for considering this referral. Please feel free to contact me if you need further information or clarification regarding [Patient's Name]'s case.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Organization]