

[Your Name]
[Your Title]
[Your Organization]
[Organization Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for Nursing Care - [Patient's Name]

I am writing to refer [Patient's Name], a [age]-year-old [gender] who has been under my care for [duration]. [Patient's Name] has presented with [brief description of medical condition or reason for referral].

In my assessment, [Patient's Name] requires [specific care or treatment needed]. The relevant medical history includes [summarize key medical history and treatments provided].

Please find attached [any relevant documents such as medical records, test results, etc.].

I trust you will provide the necessary care and support to [Patient's Name]. Should you need further information, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

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