

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

Dear [Recipient Name],

Subject: Referral for [Patient's Name]

I am writing to refer [Patient's Name], a [age]-year-old [gender] diagnosed with [medical condition/concern], who has been under my care since [date].

[Provide a brief overview of the patient's medical history, relevant symptoms, and treatment to date. Include any significant findings from examinations or tests.]

Due to [reason for referral, such as complex needs, specialized treatment, etc.], I believe that [Recipient Institution/Provider] would be best suited to provide the required care.

Enclosed are copies of [mention any enclosed documents like medical history, test results, or treatment notes].

Please feel free to contact me should you need any further information regarding this referral.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Institution]