

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

Dear [Recipient Name],

Subject: Referral of Patient [Patient Name/ID]

I am writing to refer [Patient Name], a [age]-year-old [gender], who has been under my care for [duration] for [specific condition/issue].

[Provide a brief overview of the patient's medical history, including relevant symptoms, treatments provided, and responses to treatment.]

[Explain the reason for the referral, indicating what further evaluation or intervention is necessary and any specific concerns you may have.]

[Include any relevant test results, observations, or additional information that may assist in the next steps of management.]

I appreciate your attention to this matter and look forward to your insights regarding [Patient's Name]. Please feel free to contact me at [your phone number] or [your email address] should you require further information.

Thank you for your cooperation.

Sincerely,

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