

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

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [Patient's Age] year-old [gender] who has been under my care since [date]. [Patient's Name] has been experiencing [brief description of the medical issue or symptoms]. During the course of treatment, I have conducted [mention any relevant tests, examinations, or assessments], which have led to the following findings: [summarize key findings].

Considering the complexity of [Patient's Name]'s condition and the need for specialized care, I believe it would be beneficial for them to consult with you regarding [specific concerns or areas of expertise]. Please find attached [any relevant medical records, test results, or documentation] to assist in your evaluation. I strongly recommend scheduling an appointment at your earliest convenience.

Thank you for your attention to this matter. I am confident that [Patient's Name] will receive the best possible care under your supervision.

Best regards,

[Your Name]

[Your Job Title]

[Your Institution/Practice Name]

[Your Contact Information]