

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

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

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [briefly describe patient's age and relevant medical history], to your care for further assessment and management.

During my time with [Patient's Name], I have noted the following issues:

- [Issue 1: description and relevant details]
- [Issue 2: description and relevant details]
- [Issue 3: description and relevant details]

[Patient's Name] has undergone the following treatments:

- [Treatment 1: dates, outcomes]
- [Treatment 2: dates, outcomes]

I believe [he/she/they] would benefit from your expertise in [specific area of care or treatment]. Please find enclosed [any relevant documents, test results, or records] for your review.

Thank you for your attention to this matter. Please feel free to contact me if you require any further information or clarification.

Best regards,

[Your Name]  
[Your Job Title]  
[Your Institution/Organization]