

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

Dear [Recipient's Name],

Subject: Referral for [Patient's Name/Details]

I am writing to refer [Patient's Name], a [age]-year-old [gender] who has been under my care since [date]. The patient presents with [brief description of medical condition and relevant history].

Due to [reason for referral, e.g., need for specialized care, further evaluation, etc.], I believe the patient would benefit greatly from your expertise in [specific area of specialty].

Attached are the relevant medical records, including [list any documents attached, e.g., lab results, imaging studies, previous treatment details].

Please do not hesitate to contact me if you require any further information or clarification regarding the patient's case.

Thank you for your attention to this matter. I look forward to your assessment and recommendations for [Patient's Name].

Sincerely,

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