

[Your Name]
[Your Title]
[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Practice Name]
[Recipient's Practice Address]
[City, State, Zip Code]
Dear [Recipient's Name],
RE: Referral for Hypertension Management - [Patient's Full Name],
[Patient's Date of Birth]
I am writing to refer [Patient's Full Name], who has been diagnosed with
hypertension and requires further evaluation and management.
Patient History:
- **Diagnosis:** Hypertension (ICD-10: I10)
- **Duration:** [Duration of hypertension]
- **Current Medications:** [List of medications]
- **Blood Pressure Readings:** [Latest readings]
- **Relevant Medical History:** [Any other relevant health issues]
Reason for Referral:
[Describe the reason for referral, e.g., uncontrolled blood pressure,
possible secondary causes, etc.]
Additional Information:
[Include any relevant test results, lifestyle factors, or patient's
concerns.]
Please feel free to contact me if you need further information or
clarification regarding this case. I appreciate your assistance in
managing [Patient's First Name]'s hypertension.
Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Title]
[Your Practice Name]
[Your Contact Information]