

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

Dear [Specialist's Name],

Re: Referral for Patient [Patient's Name] - Pyrexia Evaluation

I am writing to refer my patient, [Patient's Name], a [Patient's Age] year old [gender], who presented to my office on [Date] with a persistent fever. The patient has experienced elevated temperatures averaging [temperature details] for the past [duration].

Relevant medical history includes [brief medical history, including any chronic conditions]. The patient reports additional symptoms such as [list symptoms, e.g., chills, fatigue, night sweats], which began approximately [duration] ago.

I have conducted the following investigations:

- [List any lab tests, imaging studies, and their results]
- [Vital signs, if pertinent]
- [Any treatments given and their responses]

Given the complexity and persistence of the pyrexia, I recommend further evaluation to determine the underlying cause. It would be appreciated if you could assess the patient and provide your expert opinion on possible diagnoses or management options.

Please find attached the relevant medical records and test results for your review.

Thank you for your attention to this matter. I look forward to your feedback and any recommendations you may have.

Sincerely,

[Your Name]  
[Your Position]  
[Your Institution/Practice Name]  
[Your Contact Information]