[Your Practice Letterhead]
[Your Name]
[Your Position]
[Your Practice Name]
[Practice Address]
[City, State, Postcode]
[Phone Number]
[Email Address]
[Date]
[Recipient's Name]
[Recipient's Position]
[Recipient's Department]
QLD Health
[Recipient's Address]
[City, State, Postcode]
Dear [Recipient's Name],
RE: Referral for [Patient's Full Name], [Date of Birth]
MRN: [Patient's Medical Record Number]
I am writing to refer [Patient's Full Name] for [specific concerns or treatment needed] due to [briefly summarize the reason for referral, including relevant history and any recent treatments].
[Include any pertinent medical history, test results, medications, and other relevant information].
Please find the following documentation attached:
1. [List any attached files, lab results, imaging studies, etc.]
2. [Additional information if necessary]
I appreciate your assistance in managing [Patient's First Name]'s care. Please do not hesitate to contact me should you require further information.
Thank you for your attention to this matter.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Qualifications]
[Your Practice Name]