

[Your Name]  
[Your Title]  
[Your Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Practice Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to refer my patient, [Patient's Name], for a consultation regarding potential rhinoplasty. [Patient's Name] is a [Patient's Age]-year-old [gender] who has expressed concerns about [briefly describe the patient's concerns, e.g., nasal appearance, functionality issues, etc.]. During our consultation, we discussed possible options for addressing these concerns, and I believe that rhinoplasty could be a beneficial course of action for [him/her/them].

The patient's medical history includes [mention any relevant medical history or conditions]. They currently have no known allergies and are not taking any medications that could complicate the procedure. [Patient's Name] is seeking [mention specific goals or desired outcomes, if applicable]. I believe your expertise in cosmetic and reconstructive surgery will provide them with the best possible outcome.

Please find attached pertinent medical records and imaging results for your review. I appreciate your attention to this referral and look forward to your assessment and recommendations for [Patient's Name].

Thank you for your collaboration.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title]