

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

Dear [Referring Physician's Name],

I am writing to refer [Patient's Name], a [Patient's Age]-year-old [Male/Female] who presents with symptoms consistent with uveitis. [He/She/They] was seen in my office on [Date of Visit] with complaints of [describe symptoms, e.g., blurred vision, eye pain, redness].

Upon examination, I noted [provide relevant findings, e.g., anterior chamber cells, vitreous haze, etc.]. The patient's medical history is significant for [mention any relevant medical/ocular history].

Given the complexity of [his/her/their] case and the potential for further complications, I believe a referral to your expertise in uveitis management is warranted. I have attached [any relevant test results or documents] for your review.

Please feel free to contact me should you need any further information or clarification regarding this case.

Thank you for your attention to this referral. I look forward to your evaluation and recommendations.

Sincerely,

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