

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

[Referring Physician's Name]  
[Referring Physician's Title]  
[Referring Physician's Institution/Practice Name]  
[Referring Physician's Address]  
[City, State, Zip Code]

Dear [Referring Physician's Name],

RE: Consultation for Uveitis - [Patient's Full Name, DOB]

I hope this letter finds you well. I am writing to provide an update on our evaluation and management of [Patient's Full Name], who was referred to us for concerns regarding uveitis.

**\*\*History:\*\***

[Brief summary of the patient's medical history, relevant symptoms, duration of symptoms, and any previous treatments.]

**\*\*Examination Findings:\*\***

[Summary of the ocular examination findings, including visual acuity, slit-lamp examination results, and any relevant imaging or laboratory tests.]

**\*\*Assessment:\*\***

[Diagnosis, noting the type of uveitis (e.g., anterior, posterior, intermediate, panuveitis) and any potential underlying causes if identified.]

**\*\*Plan:\*\***

[List the recommendations for management, including any medications prescribed, follow-up appointments, and any necessary referrals for additional evaluations or treatments.]

Thank you for the opportunity to collaborate in the care of [Patient's Full Name]. Please feel free to reach out if you have any questions or need further information regarding this case.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Credentials]  
[Your Institution/Practice Name]