

[Your Name]
[Your Title]
[Your Practice Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Title]
[Specialty/Practice Name]
[Doctor's Address]
[City, State, ZIP Code]

Dear [Doctor's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender], who is experiencing persistent issues with their uvula. After thorough examination, I believe that further evaluation and management from your specialty would be beneficial.

Patient History:

- [Brief summary of symptoms and duration]
- [Relevant medical history]
- [Any previous treatments or interventions]

Findings:

- [Details of physical examination]
- [Results of any relevant tests or imaging]

I would appreciate your expertise in assessing [Patient's Name]'s condition and recommendations for further treatment. Please find attached copies of relevant medical records for your review.

Thank you for your attention to this referral. I look forward to your assessment and advice.

Sincerely,

[Your Name]
[Your Title]
[Your Practice Name]