

[Your Name]
[Your Position]
[Your Department/Clinic]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Recipient's Name]
[Recipient's Position]
[Recipient's Department/Clinic]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Re: Referral for [Patient's Full Name] - [Patient's Date of Birth]

I am writing to refer [Patient's Full Name] for [reason for referral, e.g., specialist evaluation, further testing, etc.].

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Address: [Patient's Address]
- Phone Number: [Patient's Phone Number]

Clinical Background:

[Briefly summarize the patient's medical history, relevant symptoms, previous treatments, and any other pertinent information.]

Reason for Referral:

[Clearly outline the reason for the referral and any specific questions or concerns you would like the receiving provider to address.]

Additional Information:

[Include any relevant documentation or test results, and mention if any prior appointments have been made with specialists.]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any more information regarding this patient.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Position]
[Your Organization]