

MEDICAL REFERRAL LETTER

DATE

Specialist Name

Organization

Street address

City, State Zip Code

Re: [Patient name]

Dear [Specialist],

I am writing to refer my patient, [Patient Name], to you for further evaluation and treatment of [Medical Condition]. [Patient Name] is a [Age] [Gender] who has a history of [Relevant Medical History] and has been under my care for [Duration of Care].

[Patient Name] has been experiencing [Symptoms], and I believe that they would benefit from your specialized care and expertise in treating [Medical Condition].

I have attached a copy of [Patient Name]'s [describe the attachments]

In case you have any questions or need further information please reach me at the phone number provided below.

I would appreciate it if you could see [Patient Name] as soon as possible, as their symptoms are [Worsening/Improving] and I believe they would benefit from your care.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Practice or Facility]

[Your Contact Information]