

**Date:** [Insert Date]

**To:** [Gastroenterology Department/Consultant Name]

**Hospital/Facility:** [Insert Hospital Name]

**Address:** [Insert Address]

**RE: URGENT DIAGNOSTIC ENDOSCOPY REFERRAL**

**Patient Name:** [Insert Full Name]

**Date of Birth:** [Insert DOB]

**Patient ID/NHS Number:** [Insert Number]

**Contact Number:** [Insert Phone Number]

Dear Registrar/Consultant,

I am writing to formally request an **urgent** diagnostic endoscopy for the above-named patient due to the following clinical indications:

**Clinical Indications/Symptoms:**

[e.g., Persistent dysphagia, unexplained weight loss, iron deficiency anemia, positive FIT test, or hematemesis]

**Medical History:**

[Briefly list relevant history and current medications, especially anticoagulants or antiplatelets]

**Reason for Urgency:**

[e.g., Suspected malignancy or rapidly deteriorating symptoms]

The patient is aware of the urgency of this referral and is available for an appointment at the earliest convenience. Please notify both the patient and my office of the scheduled procedure date.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

**Name:** [Your Name/Referring Physician]

**Practice Name:** [Insert Practice Name]

**Contact Information:** [Insert Phone/Email]