

**Date:** [Date]

**To:** [Gastroenterologist Name]

**Department:** Gastroenterology/Endoscopy Unit

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

**RE: Referral for Routine Gastric Screening Endoscopy**

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

**Date of Birth:** [DOB]

**Health Insurance/ID:** [ID Number]

**Contact Number:** [Phone Number]

Dear Dr. [Recipient Last Name],

I am writing to refer this patient for a routine screening Esophagogastroduodenoscopy (EGD). This request is based on the following indications:

- [Indication 1: e.g., Family history of gastric cancer]
- [Indication 2: e.g., History of Gastric Polyps or Atrophic Gastritis]
- [Indication 3: e.g., Surveillance for Barrett's Esophagus]
- [Indication 4: e.g., Age-related routine screening]

**Relevant Clinical History:**

[Briefly mention symptoms like dyspepsia, GERD, or previous H. pylori status, if applicable.]

**Current Medications:**

[List medications, especially anticoagulants or antiplatelets.]

**Allergies:**

[List allergies]

Please evaluate the patient for the procedure and provide a copy of the endoscopy and pathology reports upon completion.

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Practice Name]

[Contact Information]