

**Date:** [Date]

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

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

**Address:** [Facility Address]

**RE: Referral for Endoscopic Ultrasound (EUS)**

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

**Date of Birth:** [DOB]

**Patient ID/MRN:** [ID Number]

Dear Dr. [Consultant Last Name],

I am writing to formally refer this patient for an Endoscopic Ultrasound (EUS) evaluation.

**Clinical Indication:**

[e.g., Evaluation of pancreatic mass, staging of esophageal cancer, investigation of subepithelial lesion, or assessment of bile duct stones]

**Clinical Background:**

[Provide brief summary of symptoms, duration, and relevant medical history]

**Diagnostic Findings to Date:**

[List relevant CT, MRI, or blood work results, e.g., Elevated LFTs or CT showing 2cm head of pancreas lesion]

**Specific Requests:**

Diagnostic EUS only

EUS with Fine Needle Aspiration (FNA) / Fine Needle Biopsy (FNB)

Celiac Plexus Block

**Current Medications & Allergies:**

[List anticoagulants/antiplatelets if applicable and any known allergies]

Please contact the patient directly to schedule this procedure. Should you require further clinical information, please do not hesitate to contact my office.

Sincerely,

[Your Signature]

**[Your Printed Name]**

[Your Practice/Clinic Name]

[Your Phone Number]

[Your Email]