

**Date:** [Date]

**To:** [Gastroenterologist Name]

**Department:** Gastroenterology/Endoscopy Unit

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

**RE: Referral for Endoscopy with Tissue Biopsy**

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

**Date of Birth:** [DOB]

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

**Contact Number:** [Phone Number]

Dear Dr. [Consultant Last Name],

I am writing to formally refer this patient for an [Upper GI Endoscopy / Colonoscopy] with associated tissue biopsy for histopathological examination.

**Clinical Indications:**

[List symptoms, e.g., persistent dyspepsia, unexplained weight loss, iron deficiency anemia, or positive screening test]

**Pertinent Medical History:**

[Brief history of relevant conditions or prior procedures]

**Current Medications:**

[List medications, specifically noting anticoagulants or antiplatelet therapy]

**Specific Requests:**

In addition to the visual inspection, please perform biopsies of [specific area, e.g., gastric antrum, distal esophagus, or suspicious lesions] to rule out [e.g., H. pylori, malignancy, or celiac disease].

Please forward the endoscopy report and the subsequent pathology results to my office via [fax/email/portal].

Thank you for your assistance in the care of this patient.

Sincerely,

[Your Signature]

**[Your Name, Title]**

[Practice Name]

[Phone Number]

[Fax Number]