

**Date:** [Insert Date]

**To:** [Gastroenterologist Name]

**Department:** [Department Name]

**Facility:** [Medical Center Name]

**Address:** [Facility Address]

**RE: Referral for Surveillance Endoscopy Evaluation**

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

**Date of Birth:** [DOB]

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

Dear Dr. [Gastroenterologist Last Name],

I am referring this patient to your clinic for a surveillance endoscopy evaluation based on their clinical history and previous findings.

**Indication for Surveillance:**

- [e.g., History of Barrett's Esophagus]
- [e.g., Previous Colonic Polyps / Polypectomy]
- [e.g., Family history of Colorectal Cancer]
- [e.g., Monitoring of Inflammatory Bowel Disease]

**Last Endoscopic Procedure:**

- **Date:** [Insert Date]
- **Findings:** [Insert Brief Summary of Last Findings]
- **Pathology Results:** [Insert Relevant Pathology Data]

**Clinical Goals:**

Please evaluate the patient to determine the appropriate timing and necessity for their next [Colonoscopy / EGD / Surveillance Procedure]. We request your recommendation on the continued interval for screening and any necessary interventions.

**Relevant Medical History/Meds:**

[Insert Brief Medical History and Anti-coagulation/Anti-platelet status if applicable]

Thank you for participating in the care of this patient. Please forward the procedure report and pathology results to my office once the evaluation is complete.

Sincerely,

[Referring Physician Signature]

[Referring Physician Name]

[Practice Name]

[Phone Number]

[Fax Number]