

Date: [Insert Date]

To: [Recipient Name/Gastroenterology Department]

Facility: [Facility Name]

Address: [Facility Address]

RE: Referral for Video Capsule Endoscopy (VCE)

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

ID/Medical Record Number: [ID Number]

Dear Dr. [Consultant Last Name],

I am writing to formally refer the above-named patient for a Video Capsule Endoscopy evaluation.

Clinical Indication:

[e.g., Obscure gastrointestinal bleeding, suspected Crohn's disease, chronic abdominal pain, or iron deficiency anemia of unknown origin]

Clinical History:

[Provide brief summary of symptoms, duration, and relevant comorbidities]

Prior Investigations:

- Gastroscopy (OGD) Date/Result: [Insert Details]
- Colonoscopy Date/Result: [Insert Details]
- Relevant Imaging (CT/MRI): [Insert Details]
- Pertinent Labs (Hb, Ferritin, FCP): [Insert Details]

Medications:

[List relevant medications, especially NSAIDs, antiplatelets, or anticoagulants]

The patient has been screened for potential contraindications, including known bowel obstructions or implanted electronic devices (pacemakers). Please evaluate the patient and proceed with the procedure if deemed appropriate.

Thank you for your assistance in this patient's care. Please contact my office if further information is required.

Sincerely,

[Doctor Signature]

[Doctor Name]

[Practice/Clinic Name]

[Phone Number]

[Email Address]