

To: [Gastroenterology Department/Doctor Name]

From: [Referring Physician Name]

Date: [Date]

Subject: Referral for Upper Endoscopy (EGD) - Refractory GERD

Patient Name: [Patient Name]

Date of Birth: [DOB]

Insurance ID: [Insurance ID]

Dear Specialist,

I am referring this patient for an Esophagogastroduodenoscopy (EGD) due to refractory Gastroesophageal Reflux Disease (GERD).

The patient has been experiencing persistent symptoms including [List Symptoms, e.g., heartburn, regurgitation, chest pain] for [Duration]. Despite a [Number]-week trial of maximum dose Proton Pump Inhibitor (PPI) therapy ([Medication Name/Dosage]), the patient reports no significant clinical improvement.

The goals of this procedure are to:

- Evaluate for structural abnormalities or complications (e.g., Barrett's Esophagus, strictures).
- Assess for Eosinophilic Esophagitis (EoE) via biopsies.
- Rule out Peptic Ulcer Disease or Hiatal Hernia.
- Determine further management or surgical candidacy.

Current Medications: [List Medications]

Relevant History: [List Allergies/Comorbidities]

Please evaluate the patient and perform the endoscopy as clinically indicated. We look forward to receiving your consultation note and procedure report.

Sincerely,

[Physician Signature]

[Phone Number]

[Clinic Name]