

**Date:** [Date]

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

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

**Address:** [Street Address, City, Postcode]

**RE: Referral for Advanced Biliary Endoscopy (ERCP/EUS)**

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

**Date of Birth:** [DOB]

**NHS/Medical Record Number:** [ID Number]

Dear Dr. [Recipient Last Name],

I am writing to formally request an advanced biliary endoscopy for the above-named patient.

**Clinical Indication:**

[e.g., Obstructive jaundice, suspected choledocholithiasis, biliary stricture, or chronic pancreatitis]

**Procedure Requested:**

ERCP (Endoscopic Retrograde Cholangiopancreatography)

EUS (Endoscopic Ultrasound) +/- FNA/FNB

Other: [Specify]

**Relevant History and Findings:**

[Brief summary of symptoms, duration, and prior interventions]

**Investigation Results:**

- **Imaging:** [e.g., Ultrasound/CT/MRCP results and dates]

- **Laboratory:** [e.g., LFTs, Bilirubin, Lipase, INR/Platelets]

**Current Medications and Comorbidities:**

- [List anticoagulants or antiplatelets]

- [List major comorbidities or allergies]

**Urgency:**

Routine

Urgent (2-week wait suspected malignancy)

Inpatient Transfer/Emergency

Thank you for your assistance in the management of this patient. Please contact me at [Phone Number] or [Email] if further information is required.

Sincerely,

[Your Signature]

[Your Name]

[Your Title/Designation]

[Your Organization]