

Date: [Date]

To: Gastroenterology Department
Facility Name: [Hospital/Clinic Name]
Address: [Street Address, City, State, Zip]

RE: Referral for Diagnostic Endoscopy

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Gender: [Gender]
Contact Number: [Phone Number]

Dear Gastroenterology Team,

I am referring this patient for an urgent diagnostic workup, including Gastroscopy (OGD) and/or Colonoscopy, to investigate unexplained anemia.

Clinical Presentation:

The patient presents with [Microcytic/Normocytic] anemia, confirmed by recent blood work. [Mention any symptoms such as fatigue, weight loss, change in bowel habits, or melena, or state "Patient is currently asymptomatic"].

Relevant Laboratory Results:

- **Hemoglobin (Hb):** [Value] g/dL (Date: [Date])
- **Ferritin:** [Value] ng/mL
- **MCV:** [Value] fL
- **Iron Saturation:** [Value]%
- **Fecal Immunochemical Test (FIT):** [Positive/Negative/Not Performed]

Medical History & Medications:

- **Significant History:** [e.g., Previous GI issues, Family history of malignancy]
- **Anticoagulants/Antiplatelets:** [List medications or state "None"]
- **Allergies:** [List allergies]

Request:

Please evaluate the patient for potential sources of gastrointestinal blood loss or malabsorption. I would appreciate your specialist assessment and a report on the findings and recommended management plan.

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

Sincerely,

[Doctor Name]

[Medical License Number]

[Clinic Name]

[Phone Number]