

Date: [Insert Date]

Recipient Name: [Referring Physician Name]

Address: [Clinic/Hospital Address]

City, State, Zip: [City, State, Zip Code]

RE: Patient Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Consultation: [Consultation Date]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] to my office for an orthopedic surgical assessment regarding their [Right/Left/Bilateral] [Body Part, e.g., Knee/Shoulder/Hip].

Chief Complaint:

The patient presents with a history of [Duration] of pain and functional limitations described as [Brief Description of Symptoms].

Physical Examination:

On examination, the patient demonstrated [Key Physical Findings, e.g., limited range of motion, instability, or tenderness]. Neurovascular status was [Intact/Deficit description].

Imaging and Diagnostics:

Review of [X-ray/MRI/CT Scan] dated [Date] reveals [Key Findings, e.g., Grade IV Osteoarthritis, Meniscal Tear, or Fracture].

Assessment:

[Insert Diagnosis/ICD-10 Code].

Plan and Recommendations:

After discussing the risks and benefits of both conservative and surgical management, the following plan was established:

- Proceed with Surgical Intervention: [Type of Procedure]
- Pre-operative clearance required from [Primary Care/Cardiology]
- Conservative management trial: [Physical Therapy/Injections/Bracing]
- Follow-up appointment scheduled for [Date]

The patient has been added to the surgical waitlist, and my office will coordinate the scheduling. I will keep you updated on their progress.

Sincerely,

[Surgeon Signature]

[Surgeon Name, MD/DO]

[Orthopedic Specialty]

[Practice Name]