

**Date:** [Insert Date]

**To:** [Recipient Name/GP Name]

**Address:** [Recipient Address]

**RE:** [Patient Full Name]

**DOB:** [Date of Birth]

**ID Number:** [Patient ID/Reference Number]

Dear [Recipient Name],

I had the pleasure of seeing [Patient Name] in the Spinal Surgery Clinic today for an orthopedic assessment regarding [Chief Complaint, e.g., chronic lower back pain/cervical radiculopathy].

**Clinical History:**

[Insert brief summary of symptoms, duration, and previous treatments tried].

**Physical Examination:**

On examination, the patient demonstrated [List key findings: e.g., range of motion, neurological deficits, muscle strength, reflexes, and sensation].

**Imaging and Investigations:**

Review of [MRI/CT/X-ray] dated [Date] shows [Insert key findings, e.g., L4/L5 disc herniation or spinal stenosis].

**Assessment and Plan:**

The clinical findings are consistent with [Diagnosis]. My recommendations are as follows:

- [Option 1: Conservative management details]
- [Option 2: Injection therapy]
- [Option 3: Surgical intervention details and risks discussed]

**Follow-up:**

The patient will be reviewed in [Timeframe] following [Action/Procedure].

Thank you for this referral.

Sincerely,

[Doctor Signature]

[Doctor Name]

[Title/Position]

[Department]