

**Date:** [Insert Date]

**To:** [Recipient Surgeon Name]  
[Department/Clinic Name]  
[Address]

**RE:** [Patient Full Name]  
**Date of Birth:** [Patient DOB]  
**Injury Date:** [Date of Injury]

Dear Dr. [Surgeon Last Name],

I am referring [Patient Name] to your clinic for a surgical consultation regarding a sports-related injury to the [Affected Body Part, e.g., Right Knee].

**Clinical History:**

The patient is a [Age]-year-old [Level of Athlete, e.g., competitive soccer player] who sustained an acute injury during [Describe Activity/Mechanism of Injury]. Immediate symptoms included [e.g., an audible pop, swelling, inability to bear weight].

**Physical Examination Findings:**

Initial assessment reveals [e.g., positive Lachman test, joint line tenderness, or restricted range of motion]. Neurovascular status is currently [Status].

**Diagnostic Imaging:**

[List Imaging, e.g., X-ray or MRI] performed on [Date] suggests [Findings, e.g., a complete ACL tear and medial meniscus bucket-handle tear]. Reports are attached for your review.

**Treatment to Date:**

The patient has been managed with [e.g., RICE protocol, bracing, or physical therapy] since the date of injury.

**Goal of Referral:**

The patient is highly motivated to return to sport. I am requesting your expert opinion regarding surgical intervention and a long-term rehabilitation plan.

Thank you for your assistance with this case.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title/Credentials]  
[Contact Information]