

**Date:** [Date]

**To:** [Gastroenterologist Name]

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

**Address:** [Recipient Address]

**RE: Referral for Routine Screening Colonoscopy**

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

**Date of Birth:** [DOB]

**Insurance:** [Insurance Provider & ID Number]

Dear Dr. [Last Name],

I am referring this [Age]-year-old patient to your office for a routine screening colonoscopy/endoscopy. The patient is currently asymptomatic and meets the criteria for average-risk colorectal cancer screening based on their age.

**Medical History & Indications:**

- **Indication:** Routine age-based screening.
- **Family History:** [None / Specific details if applicable].
- **Current Medications:** [List medications, especially anticoagulants].
- **Allergies:** [List allergies].
- **Significant Comorbidities:** [e.g., Diabetes, Hypertension, Cardiac issues].

Please evaluate the patient and proceed with the procedure as indicated. Kindly provide my office with a copy of the procedure report and pathology results once available.

If you require additional clinical documentation or prior records, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

**[Physician Printed Name]**

[Practice Name]

[Contact Information]