

**Date:** [Insert Date]

**To:** Gastroenterology Department / Endoscopy Suite

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

**Fax/Email:** [Insert Contact Information]

**RE: Urgent Referral for Upper GI Endoscopy (EGD)**

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Health Insurance/ID:** [Insert ID Number]

Dear Consultant,

I am writing to urgently refer this patient for an Upper Gastrointestinal Endoscopy to investigate **progressive dysphagia**.

**Clinical History:**

The patient reports a [Insert Duration, e.g., 4-week] history of increasing difficulty swallowing. Symptoms began with [solids/liquids] and have progressed to include [solids/liquids].

**Associated Red Flag Symptoms:**

- Weight Loss: [Yes/No - if yes, specify amount]
- Odynophagia: [Yes/No]
- Anemia/Iron Deficiency: [Yes/No]
- Persistent Vomiting/Regurgitation: [Yes/No]
- Palpable Abdominal Mass: [Yes/No]

**Medical Background:**

- Significant History: [e.g., GERD, Barrett's Esophagus, Smoking History]
- Current Medications: [e.g., Anticoagulants, Antiplatelets, PPIs]
- Allergies: [Insert Allergies]

**Clinical Impression:**

Progressive dysphagia suspicious for [esophageal malignancy / stricture / achalasia].

Please evaluate for diagnostic endoscopy and any necessary biopsies or intervention. The patient is aware of the urgent nature of this referral.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Name]

[Your Title/Designation]

[Clinic Name]

[Contact Phone Number]