

**Date:** [Date]

**To:** [Gastroenterologist Name]

**Department:** Gastroenterology/Endoscopy Unit

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

**RE: Referral for Endoscopic Evaluation**

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

**Date of Birth:** [DOB]

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

Dear Dr. [Recipient Last Name],

I am referring this patient for a formal consultation and endoscopic evaluation following abnormal findings on recent abdominal imaging.

**Clinical Presentation:**

[Briefly describe symptoms, e.g., abdominal pain, weight loss, or asymptomatic screening]

**Imaging Results:**

**Modality:** [e.g., CT Abdomen/Pelvis, MRI, Ultrasound]

**Date of Scan:** [Date]

**Key Findings:** [e.g., Bowel wall thickening, suspected mass, biliary duct dilation, or gastric lesion]

**Requested Procedure:**

EGD (Upper Endoscopy)

Colonoscopy

EUS (Endoscopic Ultrasound)

ERCP

Consultant's Discretion

**Relevant Medical History:**

[List relevant comorbidities, prior GI surgeries, and current anticoagulation/antiplatelet therapy]

The imaging report and recent laboratory results are attached for your review. Please contact my office if any further information is required.

Sincerely,

[Physician Signature]

**Name:** [Referring Physician Name]

**NPI Number:** [NPI Number]

**Contact Info:** [Phone/Email]