

Date: [Date]

To: [Gastroenterologist Name]

Facility: [Department/Clinic Name]

Address: [Clinic Address]

RE: Routine Polyp Surveillance Endoscopy Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Insurance: [Insurance Provider/ID]

Dear Dr. [Consultant Last Name],

I am referring this patient to your service for a routine surveillance colonoscopy. The patient has a documented history of colonic polyps and is now due for follow-up evaluation based on standard clinical guidelines.

Clinical History:

- **Last Colonoscopy Date:** [Date of Previous Procedure]
- **Previous Findings:** [e.g., Two 5mm tubular adenomas in sigmoid colon]
- **Recommended Interval:** [e.g., 5 years / 10 years]
- **Current Symptoms:** [e.g., Asymptomatic / None]

Medical Overview:

- **Relevant Comorbidities:** [e.g., Hypertension, Diabetes, None]
- **Anticoagulants/Antiplatelets:** [Yes/No - Specify if applicable]
- **Allergies:** [List Allergies]

Please evaluate the patient and proceed with the endoscopy as per your clinical judgment. We have requested the patient to contact your office for scheduling, or please reach out to them at [Patient Phone Number].

Thank you for your assistance in this patient's ongoing care.

Sincerely,

[Referring Physician Signature]

[Referring Physician Name]

[Clinic Name]

[Phone Number]