

Date: [Date]

To: [Gastroenterologist Name]

Department: Gastroenterology/Endoscopy Unit

Facility: [Hospital/Clinic Name]

RE: Urgent Referral for Diagnostic Endoscopy

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Health ID: [ID Number]

Dear Doctor,

I am referring this patient for an urgent specialist consultation and diagnostic endoscopy (OGD/Colonoscopy) due to significant unexplained weight loss.

Clinical Findings:

- **Weight Loss:** [Amount, e.g., 10kg] over the last [Timeframe, e.g., 3 months].
- **Current Symptoms:** [List symptoms: e.g., early satiety, persistent dyspepsia, dysphagia, or change in bowel habits].
- **Medical History:** [Brief history of relevant conditions].
- **Family History:** [Note any history of GI malignancy].

Initial Investigation Results:

- **Blood Tests:** [Mention anemia, iron deficiency, or abnormal LFTs if applicable].
- **Physical Examination:** [Note abdominal masses or lymphadenopathy if found].

Given the unexplained nature of the weight loss and the potential for underlying malignancy, I would appreciate your urgent assessment and endoscopic evaluation.

The patient is aware of this referral and is waiting for your contact.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]

[Clinic Name/Contact Information]