

Date: [Date]

To: [Gastroenterologist Name]

Department: [Gastroenterology/Endoscopy Unit]

Facility: [Hospital/Clinic Name]

RE: Referral for Endoscopic Evaluation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Dear Dr. [Gastroenterologist Last Name],

I am writing to refer this patient for an urgent consultation and endoscopic evaluation (Colonoscopy and/or EGD) due to chronic, unresolved diarrhea persisting for [Duration].

Clinical Presentation:

The patient reports [Number] bowel movements per day. Symptoms include [Watery stools / Urgency / Nocturnal diarrhea / Abdominal pain]. There has been a reported weight loss of [Weight] over the last [Period].

Diagnostic Findings to Date:

- **Stool Studies:** [Negative for C. Diff, Ova/Parasites, and Pathogens]
- **Blood Work:** [Anemia / Elevated Inflammatory Markers / Celiac Panel results]
- **Previous Treatments:** [List medications tried, e.g., Imodium, antibiotics, or dietary changes] with no significant improvement.

Medical History:

[Briefly list relevant history, e.g., Family history of IBD or Colon Cancer].

Clinical Suspicion:

Rule out [Inflammatory Bowel Disease (IBD) / Microscopic Colitis / Malabsorption / Malignancy].

Please evaluate this patient for further diagnostic workup and necessary biopsies. Thank you for your assistance in the management of this case.

Sincerely,

[Your Name]

[Your Title/Credentials]

[Practice Name]

[Contact Information]