

Date: [Date]

To: [Gastroenterologist Name]

Department: [Gastroenterology/Endoscopy Unit]

Facility: [Hospital/Clinic Name]

RE: Referral for Barrett's Esophagus Surveillance Endoscopy

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear Dr. [Gastroenterologist Last Name],

I am referring this patient for a surveillance esophagogastroduodenoscopy (EGD) regarding their established diagnosis of Barrett's Esophagus.

Clinical History:

- **Initial Diagnosis Date:** [Date]
- **Prague Criteria (if known):** C [Value] M [Value]
- **Last Endoscopy Date:** [Date]
- **Previous Biopsy Results:** [e.g., Non-dysplastic / Low-grade dysplasia / High-grade dysplasia]
- **Current Symptoms:** [e.g., Asymptomatic / Persistent GERD / Dysphagia]

Current Medications:

[List PPI dosage or other relevant medications]

Co-morbidities & Risks:

[List relevant conditions, e.g., Anticoagulation therapy, cardiac history]

The patient is aware of the need for periodic surveillance to monitor for intestinal metaplasia and potential neoplasia. Please evaluate the patient and proceed with the endoscopy according to current clinical guidelines.

Thank you for your consultation and for providing a copy of the procedure and pathology reports for our records.

Sincerely,

[Referring Physician Signature]

[Physician Name Printed]

[Clinic Name]

[Contact Information]