

Date: [Insert Date]

To: [Recipient Name/Infectious Disease Department]

Facility: [Recipient Institution]

Address: [Recipient Address]

RE: Urgent Consultation for Pathogen of Unknown Origin

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear Dr. [Recipient Last Name],

I am referring this patient for an urgent infectious disease consultation regarding an undifferentiated febrile illness and suspected unknown pathogen.

Clinical Presentation:

The patient presented to our clinic on [Date] with the following symptoms: [List symptoms, e.g., high fever, respiratory distress, rash]. Symptoms began on [Onset Date].

Travel and Exposure History:

[Detail recent travel, animal contact, or exposure to ill individuals].

Diagnostic Workup to Date:

The following tests were performed with negative or inconclusive results:

- [Test 1]: [Result]
- [Test 2]: [Result]
- [Test 3]: [Result]

Current Management:

The patient is currently prescribed: [List medications/treatments]. Standard infection control precautions have been implemented.

Reason for Consultation:

Given the atypical clinical course and lack of definitive diagnosis via standard screening, your expertise is requested for specialized pathogen identification and management recommendations.

Please find the attached lab reports and clinical notes for your review. I am available at [Phone Number] or [Email] to discuss this case further.

Sincerely,

[Signature]

[Referring Provider Name]

[Clinic Name]

[Contact Information]