

Date: [Insert Date]

To: [Consultant Name/Infectious Disease Department]

From: [Referring Physician Name]

Facility: [Referring Facility Name]

RE: Consultation for Treatment-Refractory Pathogen of Unknown Origin

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Consultant Last Name],

I am requesting an urgent formal consultation for the above-named patient who presents with a clinical syndrome suggestive of a severe infectious process that has remained refractory to standard empiric therapies. To date, all diagnostic modalities have failed to identify a specific pathogen.

Clinical Presentation:

[Briefly describe symptoms, onset, and duration]

Objective Findings:

[List pertinent labs, imaging results, and vitals]

Treatment History to Date:

[List antibiotics/antivirals/antifungals administered and duration of courses]

Diagnostic Tests Performed (Negative/Inconclusive):

[List cultures, PCR panels, biopsies, or serology already completed]

Reason for Consultation:

The patient continues to deteriorate despite [Number] days of broad-spectrum therapy. I am seeking your expertise in advanced diagnostic sequencing (mNGS), specialized niche pathogen testing, and guidance on salvage therapy or experimental protocols.

The patient's complete medical record is attached. I am available to discuss this case further at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name]

[NPI Number]