

[Your Name/Clinic Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

Date: [Date]

Recipient:

[Referring Physician Name]

[Clinic/Hospital Name]

[Address]

RE: Second Opinion Nephrology Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

MRN: [Medical Record Number]

Dear Dr. [Recipient Last Name],

Thank you for requesting a second opinion regarding the management of [Patient Name]'s Chronic Kidney Disease (CKD).

History of Present Illness:

The patient is a [Age]-year-old [Gender] with a known history of CKD Stage [Stage]. They were referred to evaluate [specific concern, e.g., rapid progression, proteinuria management, or dialysis timing]. Current symptoms include [list symptoms or state asymptomatic].

Pertinent Medical History:

- Hypertension: [Status/Control]
- Diabetes Mellitus: [Status/A1c]
- Cardiovascular Disease: [Details]
- Family History of Renal Disease: [Yes/No]

Current Medications:

[List relevant medications, specifically ACEi/ARBs, SGLT2 inhibitors, diuretics]

Physical Examination:

- Blood Pressure: [BP Reading]
- Weight/BMI: [Value]
- Edema: [Scale 1-4+]
- Cardiovascular/Lungs: [Findings]

Review of Diagnostic Data:

- Serum Creatinine: [Value] | eGFR: [Value]
- Electrolytes (K, Phos, Ca): [Values]

- Urine Albumin-to-Creatinine Ratio (UACR): [Value]
- Renal Ultrasound Findings: [Summary]

Assessment and Recommendations:

Based on my evaluation, I concur with the diagnosis of CKD Stage [Stage] secondary to [Etiology]. My recommendations for the plan of care are as follows:

1. **Blood Pressure Target:** Aim for <[Target] mmHg.
2. **Medication Adjustment:** [Specific changes recommended, e.g., initiate SGLT2i, adjust diuretic].
3. **Dietary Modifications:** [Protein/Sodium/Potassium restrictions].
4. **Monitoring:** Repeat labs in [Timeframe].
5. **Future Planning:** [Discussion regarding AV Fistula referral or Transplant evaluation if applicable].

I have discussed these recommendations with the patient. I will continue to follow them alongside your primary care management.

Sincerely,

[Your Signature]

[Your Printed Name, MD/DO]
Nephrology Department