

Date: [Insert Date]

To: [Consultant Name]
Department of Asthma, Allergy, and Immunology
[Hospital/Clinic Name]

Re: Patient Referral for Specialist Consultation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Address: [Patient Address]

Dear Dr. [Consultant Last Name],

I am referring this patient for a specialist evaluation and diagnostic testing regarding:

- [e.g., Uncontrolled asthma]
- [e.g., Suspected environmental/food allergies]
- [e.g., Recurrent urticaria or angioedema]

Clinical History:

[Provide a brief summary of symptoms, duration, and frequency.]

Current Medications:

[List current inhalers, antihistamines, or other treatments.]

Specific Requests:

I would appreciate your expert opinion and, if indicated, the following tests:

- [e.g., Pulmonary Function Tests/Spirometry]
- [e.g., Skin Prick Testing]
- [e.g., Specific IgE Blood Testing]
- [e.g., Fractional Exhaled Nitric Oxide (FeNO) test]

Thank you for seeing this patient in your clinic. Please forward your consultation report and recommended management plan to my office.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Practice Name]
[Contact Information]