

Date: [Insert Date]

To: [Specialist Name, e.g., Rheumatologist/Immunologist]

Department: [Department Name]

Facility: [Facility Name]

RE: Referral for Autoimmune Evaluation and Immunology Testing

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

Dear Dr. [Specialist Last Name],

I am referring this patient to your clinic for a comprehensive autoimmune evaluation and specialized immunology testing. The patient presents with a clinical history suggestive of an underlying systemic inflammatory or autoimmune process.

Presenting Symptoms:

- [Symptom 1, e.g., Persistent joint pain/swelling]
- [Symptom 2, e.g., Unexplained fatigue and low-grade fevers]
- [Symptom 3, e.g., Cutaneous rashes or photosensitivity]

Initial Laboratory Findings:

- [Test 1, e.g., Positive ANA titer of 1:320]
- [Test 2, e.g., Elevated ESR/CRP levels]
- [Test 3, e.g., Abnormal CBC or Metabolic Panel results]

Clinical Objectives:

I request your expertise to further delineate the diagnosis through advanced serological testing (e.g., ENA panel, dsDNA, complement levels, or ANCA) and to provide recommendations for a long-term management plan.

Included with this letter are the patient's recent lab reports, imaging results, and current medication list. Please contact my office if any additional information is required.

Thank you for your assistance in the care of this patient.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]

[Phone Number]
[Fax Number]