

URGENT REFERRAL

Date: [Insert Date]

To: [Consultant Name/Department Name]

Facility: [Hospital or Clinic Name]

Patient Name: [Full Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Insurance/ID: [ID Number]

Dear Colleague,

I am writing to urgently refer this patient for specialized allergy and immunology testing and consultation due to [Briefly state main reason, e.g., recurrent anaphylaxis / severe drug reaction].

Clinical Indication:

[Describe recent acute episode or symptoms including dates and severity]

Testing Requested:

[List specific tests requested, e.g., Skin Prick Testing, Serum IgE, Component-resolved diagnostics]

Relevant History:

- Suspected Triggers: [List suspected allergens]
- Current Medications: [List medications]
- Co-morbidities: [e.g., Asthma, Eczema]

Urgency Rationale:

[State why this is urgent, e.g., high risk of recurrence, upcoming essential surgery, or failed primary management]

Thank you for your prompt attention to this matter. I look forward to your specialist evaluation.

Sincerely,

[Your Name]

[Your Title/Position]

[Contact Information/Clinic Name]