

**Date:** [Insert Date]

**To:**

[Recipient Name/Department]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

**From:**

[Your Name/Referring Provider Name]

[Your Organization/Clinic]

[Your Phone Number]

[Your Email]

**Subject:** Referral for Tinnitus Consultation - Patient: [Patient Name]

Dear [Recipient Name/Specialist],

I am writing to formally request a consultation for the following patient regarding persistent tinnitus:

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Contact Number:** [Patient Phone Number]

**Clinical Summary:**

The patient reports experiencing [Description of sound: ringing/buzzing/hissing] in the [Left/Right/Both] ear(s). The symptoms have persisted for [Duration] and are described as [Constant/Intermittent].

**Associated Symptoms:**

[List symptoms such as: Hearing loss, dizziness, ear pain, or pressure].

**Relevant History:**

[Mention any history of noise exposure, head trauma, or current medications].

**Reason for Referral:**

I am requesting a comprehensive audiological evaluation and specialist consultation to determine the underlying cause and discuss potential management strategies or treatment options.

Attached are the patient's recent medical records and any previous hearing test results available.

Please contact the patient directly to schedule an appointment. Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]