

**Date:** [Date]

**To:** [Referring Physician Name]

**Address:** [Referring Clinic Address]

**RE:** [Patient Full Name]

**DOB:** [Patient Date of Birth]

**ID:** [Medical Record Number]

Dear Dr. [Referring Physician Last Name],

I had the pleasure of evaluating [Patient Name] in the Pediatric Hematology Clinic today for an assessment of [Reason for Referral, e.g., easy bruising, frequent epistaxis, or abnormal coagulation screening].

**Clinical History:**

[Patient Name] is a [Age]-year-old [Gender] with a history of [Duration/Severity of symptoms]. Relevant history includes [Details of bleeding episodes, surgical challenges, or dental bleeding]. There is [a/no] significant family history of bleeding disorders or thrombotic events.

**Physical Examination:**

On examination, the patient appeared [Clinical Status]. Skin exam revealed [Details of bruising, petechiae, or hemangiomas]. There was no evidence of lymphadenopathy, hepatosplenomegaly, or joint swelling/hemarthrosis. The remainder of the physical exam was within normal limits.

**Assessment/Impression:**

Based on the clinical presentation, my differential diagnosis includes:

- [Differential 1, e.g., Von Willebrand Disease]
- [Differential 2, e.g., Platelet Function Disorder]
- [Differential 3, e.g., Coagulation Factor Deficiency]

**Plan:**

We have initiated the following management plan:

1. **Laboratory Studies:** Ordered CBC with peripheral smear, PT/PTT/INR, Von Willebrand panel, and [Additional Tests].
2. **Activity Restrictions:** [Specific recommendations regarding contact sports or trauma].
3. **Medication Safety:** Advised to avoid NSAIDs (Ibuprofen, Naproxen) and Aspirin until evaluation is complete.
4. **Follow-up:** The patient will return in [Timeframe] to review results and finalize the diagnosis.

Thank you for the opportunity to participate in the care of [Patient Name]. I will update you once the laboratory results are finalized.

Sincerely,

[Your Name, MD/DO]  
Pediatric Hematology/Oncology  
[Hospital/Clinic Name]