

Date: [Date]

To: [Referring Physician Name]

Address: [Referring clinic address]

RE: [Patient Name]

DOB: [Date of Birth]

ID: [Patient ID/MRN]

Dear Dr. [Referring Physician Last Name],

Thank you for requesting a hematology consultation regarding anticoagulant management for [Patient Name]. The patient was evaluated on [Date] to address their underlying bleeding disorder in the context of [Indication for Anticoagulation].

Clinical Assessment:

[Insert brief history of bleeding disorder, e.g., Von Willebrand Disease, Hemophilia carrier, Platelet dysfunction, etc.]

Review of Hemostatic Risk:

- Baseline Coagulation Profile: [PT/INR, PTT, Fibrinogen, Factor levels]
- Historical Bleeding Events: [Insert details]
- Current Medications: [Insert list]

Recommendations and Management Plan:

1. **Anticoagulation Strategy:** We recommend initiating [Agent Name, e.g., Apixaban, Enoxaparin, Warfarin] at a dose of [Dose/Frequency].
2. **Bleeding Disorder Mitigation:** To minimize bleeding risk while on anticoagulation, we advise: [e.g., DDAVP as needed, Factor replacement targets, or Antifibrinolytics].
3. **Monitoring:** [Specify frequency of CBC, Renal function, or specific factor monitoring].
4. **Emergency Protocol:** In the event of trauma or spontaneous hemorrhage, anticoagulation should be held immediately and [specific reversal agent/blood product] should be administered.

We will schedule a follow-up appointment in [Timeframe] to assess tolerance and efficacy. Please feel free to contact the Hematology department if you have any questions.

Sincerely,

[Consulting Hematologist Name], MD
[Department Name]
[Contact Information]