

Date: [Insert Date]

To: [Plastic Surgeon Name]
[Clinic/Hospital Name]
[Address]

RE: Referral for Reconstructive Breast Surgery Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Health Insurance/ID Number: [ID Number]

Dear Dr. [Surgeon Last Name],

I am writing to formally refer [Patient Name] for a consultation regarding breast reconstructive surgery.

Clinical History:

The patient was diagnosed with [Diagnosis, e.g., Invasive Ductal Carcinoma] of the [Left/Right/Bilateral] breast on [Date]. [He/She] has undergone or is scheduled for the following procedures:

- [Procedure Type, e.g., Mastectomy/Lumpectomy] on [Date]
- [Chemotherapy/Radiation/Hormonal Therapy details if applicable]

Reason for Referral:

The patient is seeking a consultation to discuss reconstructive options, including [Immediate/Delayed] reconstruction, [Implant-based/Autologous tissue] techniques, and symmetry procedures. The goal is to restore form and address any psychological or physical discomfort resulting from their oncological treatment.

Relevant Medical Information:

The patient has a medical history of [List comorbidities, e.g., Diabetes, Smoking status]. A full list of current medications and recent pathology reports are attached for your review.

Please evaluate [Patient Name] and provide your recommendations for a surgical plan. We look forward to receiving your consultation report.

Sincerely,

[Your Name/Signature]
[Title/Medical Designation]
[Practice Name]
[Phone Number]