

Part 1: Referral to ENT Specialist

To: [ENT Specialist Name/Clinic Name]

From: [Referring Physician Name]

Date: [Date]

RE: Referral for [Patient Name] (DOB: [Date of Birth])

Dear Dr. [Specialist Last Name],

I am referring [Patient Name] to your care for evaluation of recurrent streptococcal pharyngitis. The patient has experienced [Number] laboratory-confirmed episodes of Strep throat within the past [Number] months.

Clinical History:

- Frequency: [X] infections in the last year.
- Symptoms: [Severe sore throat, high fever, swollen lymph nodes, etc.].
- Treatments: [List antibiotics used, e.g., Amoxicillin, Penicillin].
- Complications: [Note any absences from school/work or antibiotic resistance].

I am requesting a consultation to determine if a tonsillectomy or alternative long-term management plan is indicated. Please find the patient's recent lab results and culture history attached.

Sincerely,

[Physician Signature]

[Phone Number]

Part 2: Letter to School/Educational Institution

To: [School Name/Principal/Nurse]

From: [Physician Office Name]

Date: [Date]

RE: Medical Documentation for [Student Name]

To Whom It May Concern,

[Student Name] is currently under my care for recurrent streptococcal pharyngitis (Strep throat). Due to the frequency and severity of these infections, the student has required multiple courses of treatment and periods of isolation to prevent further spread.

Please provide the following accommodations for this student:

- Excused absences for medical appointments and recovery periods.
- Extension of deadlines for assignments missed during active infection.
- Permission to carry a water bottle to maintain hydration.

The student is typically cleared to return to school 24 hours after starting antibiotics, provided they are fever-free without the use of fever-reducing medication.

If you have any questions regarding this medical necessity, please contact my office.

Regards,

[Physician Signature]

[Medical Office Stamp/Contact Info]