Date: [Date]

To: [Specialist Name/Clinic Name]
Address: [Specialist Address]
Phone: [Specialist Phone Number]

RE: Referral for Serious Health Condition Certification

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID/Chart #: [ID Number]

Dear Dr. [Specialist Last Name],

I am referring our patient, [Patient Name], to your clinic for a specialist evaluation and formal certification of a serious health condition. The patient is currently under my care for [General Diagnosis/Symptoms].

Due to the complexity and severity of the patient's condition, I am requesting your clinical expertise to:

- Provide a definitive diagnosis within your specialty.
- Evaluate the patient's functional limitations regarding their employment duties.
- Complete the attached medical certification forms (FMLA/Short-Term Disability) as required by the patient's employer.
- Recommend a specific treatment plan and estimated duration of recovery or leave.

Please find the relevant medical records and test results attached for your review. Once your assessment is complete, please provide our office with a summary of your findings and a copy of the signed certification forms.

Thank you for your assistance in the care of this patient.

Sincerely,

[Doctor Name, Degree]
[Clinic Name]
[Clinic Address]
[Phone Number]