Date: [Date]

To: [Specialist Name]
Department: [Department Name]
Facility: [Facility Name]

RE: Referral for [Patient Name]
Date of Birth: [Patient DOB]
Lab Test: Comprehensive Metabolic Panel (CMP)

Dear Dr. [Specialist Last Name],

I am referring [Patient Name] to your care for further evaluation regarding recent laboratory findings. A Comprehensive Metabolic Panel (CMP) was performed on [Date of Test].

Reason for Referral:
[Insert reason, e.g., persistent elevation of liver enzymes, abnormal glucose levels, or electrolyte imbalance].

Summary of Abnormal CMP Findings:

- [Analyte Name]: [Result] (Reference Range: [Range])
- [Analyte Name]: [Result] (Reference Range: [Range])
- [Analyte Name]: [Result] (Reference Range: [Range])

Clinical Context:
[Briefly describe patient symptoms or relevant medical history].

The complete laboratory report and recent clinical notes are attached for your review. Please evaluate the patient and provide your recommendations for ongoing management.

Thank you for your consultation. Please contact my office at [Phone Number] if you require additional information.

Sincerely,

[Referring Physician Name]
[Title/Practice Name]
[Contact Information]