[Doctor Name/Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

[Specialist Name]
[Department/Clinic Name]
[Address Line 1]
[City, State, Zip Code]

RE: Urinalysis Results and Patient Referral

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

Dear Dr. [Specialist Last Name],

I am referring this patient to your care for further evaluation regarding recent urinalysis findings. The patient initially presented with [List Symptoms, e.g., persistent dysuria, hematuria, or flank pain].

A urinalysis was performed on [Date] with the following notable results:

- Appearance/Color: [Result]
- Specific Gravity: [Result]
- pH: [Result]
- Protein: [Result]
- Glucose/Ketones: [Result]
- Nitrites/Leukocyte Esterase: [Result]
- Microscopic Findings (RBC/WBC/Casts): [Result]

Based on these results and the patient's clinical history of [Brief Medical Context], I would appreciate your specialist consultation and recommendations for further diagnostic testing or management.

Attached are the full laboratory reports and relevant clinical notes for your review. Please contact my office if you require any additional information.

Sincerely,

[Doctor Signature]
[Doctor Printed Name]
[Medical License Number]