

Date: [Date]

To: [Specialist Name/Gynecologist]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

RE: Patient Referral for Colposcopy/Specialist Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Phone Number: [Patient Phone]

Dear Dr. [Specialist Last Name],

I am referring this patient to your care following an abnormal cervical screening result.

Clinical Findings:

- **Date of Pap Smear:** [Date]
- **Cytology Result:** [e.g., ASC-US, LSIL, HSIL, ASC-H]
- **HPV Status:** [Positive/Negative/Not Tested]
- **Relevant History:** [e.g., Previous abnormal results, symptoms, or relevant medical history]

Please evaluate the patient for further diagnostic procedures, such as a colposcopy and directed biopsy, as clinically indicated.

Attached are the recent pathology reports and the patient's medical summary for your review.

Thank you for your assistance in this patient's care. Please keep me informed of your findings and the recommended management plan.

Sincerely,

[Your Name/Signature]

[Your Title/Practice Name]

[Phone Number]

[Fax Number]