

Date: [Date]
From: [Referring Physician Name]
Practice: [Clinic/Hospital Name]
Contact: [Phone Number/Email]

To: [Specialist Name/Department]
Facility: [Specialist Hospital/Clinic Name]

RE: Patient Referral and MRI Results

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

Dear [Specialist Name],

I am referring [Patient Name] to your care for further evaluation and management regarding [Specific Condition/Symptom].

An MRI scan of the [Body Part] was performed on [Date] at [Imaging Center Name]. The primary findings are as follows:

- [Key Finding 1]
- [Key Finding 2]
- [Key Finding 3]

Clinical Context:

The patient has been experiencing [Symptoms] for [Duration]. Previous treatments included [List Treatments, e.g., Medication, Physical Therapy]. Due to the findings of [Specific MRI Result], I believe specialist intervention is now required.

I have attached the full MRI radiology report and provided the patient with the digital imaging link/disc. Please contact my office if you require any additional medical records or clinical history.

Thank you for your consultation and ongoing care for this patient.

Sincerely,

[Signature]
[Printed Name]
[Medical Credentials/Title]