Date: [Insert Date]

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

RE: Referral of Ultrasound Results
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Patient ID/MRN: [ID Number]

Dear Dr. [Specialist Last Name],

I am writing to formally refer the ultrasound results for the above-named patient for your specialist review and clinical correlation.

Reason for Investigation:
[Insert symptoms or clinical indications, e.g., persistent abdominal pain]

Ultrasound Details:
Date of Scan: [Insert Date]
Facility: [Insert Imaging Center Name]
Area Scanned: [Insert Body Part, e.g., Pelvis/Upper Abdomen]

Summary of Findings:
[Insert brief summary of key findings or attach the full formal report]

Requested Action:
I would appreciate your expert opinion regarding [management/further diagnostic testing/surgical intervention] based on these findings.

The formal radiology report and relevant images are [attached/available via portal]. Please contact my office if you require any additional clinical history.

Thank you for your assistance with this patient's care.

Sincerely,

[Doctor Signature]
[Doctor Name]
[Practice Name]
[Contact Information]