

Date: [Insert Date]

To: [Specialist Name/Department]

Facility: [Clinic/Hospital Name]

Address: [Clinic Address]

RE: Patient Referral for Further Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Dear [Specialist Name],

I am writing to refer this patient for a formal specialist consultation regarding suspected food intolerances and gastrointestinal sensitivities.

The patient recently underwent food intolerance screening which indicated reactive results for the following markers:

- [Insert Reactive Food Item 1]
- [Insert Reactive Food Item 2]
- [Insert Reactive Food Item 3]

Clinical Presentation:

The patient reports persistent symptoms including [list symptoms, e.g., bloating, lethargy, skin rashes, or abdominal pain] following the ingestion of the items mentioned above. These symptoms have been present for [duration].

Requested Action:

I would appreciate your expert clinical assessment to confirm these findings through diagnostic testing (such as breath testing, elimination diets, or IgE/IgG evaluation) and to rule out any underlying malabsorption issues or coeliac disease.

Enclosed please find the patient's full laboratory report and relevant medical history.

Thank you for your assistance in the ongoing management of this patient.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title/Medical License Number]

[Contact Information]