Date: [Date]

To: [Recipient Name/Specialist Name]
Department: [Department Name]
Facility: [Medical Center/Clinic Name]
Address: [Recipient Address]

RE: Patient Referral

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Phone Number: [Patient Phone]
Insurance Provider: [Insurance Name/ID]

Dear Dr. [Recipient Last Name],

I am writing to formally refer [Patient Name] to your care for evaluation and management regarding [Reason for Referral/Specific Condition].

Clinical History:
The patient presents with [Brief Description of Symptoms and Duration]. To date, we have performed the following tests/treatments: [List Tests, Results, or Medications].

Reason for Referral:
I am seeking your expertise for [Consultation / Diagnostic Testing / Surgical Evaluation / Long-term Management].

Enclosed please find the patient's recent lab results, imaging reports, and relevant clinical notes. If you require any further information, please contact my office at [Phone Number].

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

Sincerely,

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