[Your Name / Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Referring Physician Name]
[Clinic Name]
[Address]
[City, State, Zip Code]

RE: Patient Follow-Up
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Consultation: [Date]

Dear Dr. [Last Name],

Thank you for referring [Patient Name] to my office for a [Specialty] consultation regarding [Reason for Referral/Chief Complaint].

Clinical Findings:
Upon examination and review of the patient's history, the following observations were made: [Insert clinical findings/symptoms].

Assessment:
My assessment of the patient's condition is [Diagnosis or Impression].

Plan and Recommendations:
The following treatment plan has been initiated/recommended:

- [Recommendation 1]
- [Recommendation 2]
- [Medication/Test ordered]

I have scheduled a follow-up appointment with the patient in [Timeframe]. I will keep you updated on their progress. If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

[Signature]
[Your Printed Name]
[Your Title/Specialty]