

Date: [Insert Date]

To: [Endocrinologist/Urologist Name]

[Clinic Name]

[Clinic Address]

RE: Referral for Evaluation of Symptomatic Hypogonadism

Patient Name: [Patient Name]

Date of Birth: [DOB]

Patient Phone: [Phone Number]

Dear Dr. [Specialist Last Name],

I am referring this patient to your care for a formal evaluation and management of low testosterone. The patient presents with clinical symptoms consistent with hypogonadism, including [list symptoms, e.g., fatigue, low libido, decreased muscle mass].

Initial laboratory findings are as follows:

- **Total Testosterone:** [Result] ng/dL (Collected on [Date] at [Time])
- **Repeat Total Testosterone:** [Result] ng/dL (Collected on [Date] at [Time])
- **Free Testosterone:** [Result] (if available)
- **LH/FSH:** [Results]
- **PSA:** [Result]

The patient has a medical history of [List relevant conditions, e.g., obesity, sleep apnea, type 2 diabetes]. Please evaluate the patient for potential testosterone replacement therapy (TRT) and rule out secondary causes.

Thank you for your consultation. Please find the attached lab reports and recent clinical notes.

Sincerely,

[Referring Physician Name]

[Practice Name]

[Contact Information]