Date: [Date]

RE: [Patient Full Name]
DOB: [Patient Date of Birth]
Address: [Patient Address]
Phone: [Patient Phone Number]

To: Department of Gastroenterology / [Provider Name]

Subject: Referral for Colonoscopy following Positive FIT Result

Dear Gastroenterology Team,

I am writing to refer [Patient Name] for a diagnostic colonoscopy. The patient recently completed a Fecal Immunochemical Test (FIT) as part of routine colorectal cancer screening, which returned a **Positive** result on [Date of Test].

Clinical Details:

- **FIT Result:** Positive
- **Pertinent Medical History:** [List relevant history or "None"]
- **Current Medications:** [List medications, especially anticoagulants/antiplatelets]
- **Family History of CRC:** [Yes/No - provide details if applicable]
- **Symptoms:** [List symptoms such as "asymptomatic" or specific GI complaints]

Please evaluate this patient for a diagnostic colonoscopy at your earliest convenience to investigate the source of the occult blood. We have informed the patient of the positive result and the necessity of this follow-up procedure.

Attached are the recent lab results and relevant clinical notes. Thank you for your assistance in this patient's care.

Sincerely,

[Doctor Name]
[Clinic Name]
[Phone Number]
[Fax Number]