Date: [Date]

To: [Orthopedic Surgeon Name/Clinic Name]
Address: [Clinic Address]
Phone: [Phone Number]

RE: Referral for Orthopedic Consultation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Contact Number: [Patient Phone Number]

Dear Dr. [Surgeon Last Name],

I am referring [Patient Name] to your clinic for an orthopedic evaluation following abnormal findings on a recent joint radiography.

Clinical Presentation:
The patient presented with [Duration, e.g., 3 months] of [Location, e.g., right knee] pain, described as [Type of pain, e.g., sharp/aching]. Symptoms are exacerbated by [Activity] and associated with [Swelling/Limited range of motion/Instability].

Radiology Findings:
X-ray of the [Joint Name] performed on [Date] revealed:
[Insert specific findings, e.g., severe joint space narrowing, osteophyte formation, subchondral sclerosis, or suspected fracture].

Current Management:
The patient has been managed with [List treatments, e.g., NSAIDs, physical therapy, or activity modification] with [Minimal/No] improvement.

Reason for Referral:
I am requesting your expert assessment and recommendations for further management, which may include advanced imaging or surgical intervention.

Attached please find the formal radiology report and relevant clinical notes. We will forward the original imaging files upon request.

Thank you for your assistance in the care of this patient.

Sincerely,

[Your Name/Signature]
[Your Title/Practice Name]
[Your Contact Information]