Date: [Date]

From:
[Referring Physician Name]
[Clinic Name]
[Address]
[Phone Number]

To:
[Pulmonologist Name/Specialist Office]
[Clinic Name]
[Address]

RE: Patient Referral for Irregular Pulmonary Function Test (PFT)

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

Dear Dr. [Pulmonologist Last Name],

I am referring [Patient Name] to your clinic for a specialist evaluation following irregular results on a recent Pulmonary Function Test performed on [Date of Test].

Clinical Indications:
The patient presented with symptoms including [list symptoms, e.g., chronic cough, dyspnea on exertion, wheezing]. The patient has a medical history of [list relevant history, e.g., smoking history, asthma, environmental exposure].

Summary of Findings:
The PFT results indicate [mention specific irregularities, e.g., an obstructive pattern, restrictive pattern, or decreased DLCO]. Specifically:

- FEV1: [Value/Percentage]
- FVC: [Value/Percentage]
- FEV1/FVC Ratio: [Value]
- DLCO: [Value/Percentage]

Requested Action:
I request a full pulmonary consultation to determine the underlying etiology of these irregularities and to establish an appropriate management and treatment plan.

Attached to this letter, please find the full PFT report, recent chest imaging (X-ray/CT), and current medication list.

Thank you for your assistance in this patient's care. Please contact my office if you require any further documentation.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]