Date: [Date]

To: Department of Gynecology / Colposcopy Clinic
Provider Name: [Specialist Name, if known]
Facility: [Hospital/Clinic Name]

RE: Referral for Colposcopy / Gynecological Evaluation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID/MRN: [ID Number]
Contact Number: [Phone Number]

Dear Doctor,

I am referring this patient for further evaluation following an irregular cervical cytology result. The patient's most recent screening history is as follows:

- **Date of Last Pap Test:** [Date]
- **Cytology Result:** [e.g., ASC-US, LSIL, HSIL, ASC-H, Glandular Abnormalities]
- **HPV Status:** [Positive/Negative/Not Tested]
- **Relevant Clinical History:** [e.g., Previous abnormal results, symptoms, or relevant medical history]

Based on current clinical guidelines, I am requesting a colposcopy and any necessary biopsies or specialist consultation to determine the appropriate management plan.

Attached are the laboratory reports and relevant medical records for your review. Please notify our office of the appointment date and provide a summary of your findings and recommendations following the consultation.

Thank you for your assistance in this patient's care.

Sincerely,

[Your Signature]
[Your Name and Title]
[Clinic/Practice Name]
[Phone Number]
[Fax Number]