Date: [Date]

To: [Nephrologist Name]
Department: [Department Name/Clinic]
Address: [Clinic Address]

RE: Referral for Evaluation of Decreased GFR
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear Dr. [Nephrologist Last Name],

I am referring this patient to your care for a formal nephrology consultation regarding a sustained decrease in their Glomerular Filtration Rate (GFR).

Clinical Summary:

- **Current eGFR:** [Value] mL/min/1.73m² (Date: [Date])
- **Baseline eGFR:** [Value] mL/min/1.73m² (Date: [Date])
- **Serum Creatinine:** [Value] mg/dL
- **Urinalysis Findings:** [e.g., Proteinuria, Hematuria, or Normal]

Relevant Medical History:

- [Condition 1, e.g., Hypertension]
- [Condition 2, e.g., Diabetes Mellitus Type 2]
- [Relevant Medications, e.g., ACE inhibitors, NSAIDs]

Reason for Referral:
The patient has shown a progressive decline in renal function over the last [Number] months. I would appreciate your expert opinion on the underlying etiology, staging of Chronic Kidney Disease (CKD), and recommendations for long-term management or intervention.

Attached are the patient's most recent metabolic panels, urinalysis reports, and current medication list.

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

Sincerely,

[Referring Physician Name]
[Practice Name]
[Phone Number]
[Fax Number]