[Date]

[Referring Physician Name]
[Practice Name]
[Address]
[City, State, Zip Code]

Dear Dr. [Last Name],

I am writing to introduce myself and my practice, [Practice Name], to your office. As a board-certified pediatric ophthalmologist, I am now accepting new patients at our location in [City/Neighborhood].

I specialize in the medical and surgical treatment of eye disorders in infants, children, and adolescents, as well as adult strabismus. My clinical interests include:

- Amblyopia (Lazy Eye) and Vision Screening
- Strabismus (Eye Misalignment) in children and adults
- Pediatric Cataracts and Glaucoma
- Blocked Tear Ducts
- Retinopathy of Prematurity
- Routine Eye Exams for children with special needs

Our office is designed to be child-friendly to ensure a comfortable experience for your young patients. We prioritize timely communication and will send detailed consultation reports back to your office following every visit.

Enclosed are several business cards and referral forms for your convenience. If you have any questions or would like to discuss a specific case, please feel free to contact me directly at [Phone Number] or via email at [Email Address].

I look forward to collaborating with you to provide the best ocular care for your patients.

Sincerely,

[Your Name, MD/DO]
Pediatric Ophthalmology
[Practice Name]
[Website URL]