

Date: [Date]

To: [Recipient Name/Cardiologist]

Clinic/Hospital: [Clinic Name]

Address: [Address Line 1], [City, State, Zip]

RE: Patient Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Dear Dr. [Recipient Last Name],

I am writing to formally refer [Patient Name] for a cardiology consultation and further evaluation.

Reason for Referral:

[e.g., Chest pain, shortness of breath, palpitations, abnormal ECG findings, hypertension management]

Clinical History:

[Provide a brief summary of symptoms, duration, and any relevant past medical history.]

Current Medications:

[List medications and dosages]

Recent Test Results:

[List relevant findings: Blood pressure readings, ECG results, stress tests, or lab work.]

I would appreciate your specialist opinion and recommendations regarding the management of this patient. Please contact my office if you require any additional documentation.

Sincerely,

[Your Signature]

[Your Name]

[Your Title/Degree]

[Your Clinic Name]

[Your Phone Number]