

Date: [Date]

To: [Endocrinologist Name]
[Clinic/Hospital Name]
[Address]

From: [Referring Physician Name]
[Practice Name]
[Phone Number]

RE: Referral for [Patient Name]

Patient Details:

DOB: [Date of Birth]
Phone: [Patient Phone Number]
Insurance: [Insurance Provider]

Dear Dr. [Endocrinologist Last Name],

I am referring this patient to your care for evaluation and management of [Primary Reason for Referral, e.g., Type 2 Diabetes, Thyroid Nodule, PCOS].

Clinical History:

[Brief description of symptoms, duration, and relevant medical history]

Relevant Lab Results/Findings:

- [Lab 1, e.g., HbA1c: Value]
- [Lab 2, e.g., TSH: Value]
- [Imaging, e.g., Ultrasound Results]

Current Medications:

[List medications]

Specific Concerns:

[Specific questions or goals for the consultation]

Please find the attached lab reports and clinical notes. Thank you for your consultation on this case.

Sincerely,

[Referring Physician Signature]

[Referring Physician Printed Name]