

Date: [Date]

To: [Consultant Name/Nephrology Department]

Facility: [Hospital/Clinic Name]

Address: [Facility Address]

RE: Referral for Nephrology Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Health Insurance/ID: [ID Number]

Contact Number: [Phone Number]

Dear Doctor,

I am referring this patient for a specialist nephrology evaluation regarding: [Reason for Referral, e.g., Chronic Kidney Disease Stage 3, Proteinuria, Refractory Hypertension, or Electrolyte Imbalance].

Clinical Presentation:

[Briefly describe symptoms, duration, and relevant physical exam findings].

Relevant Past Medical History:

[List conditions such as Diabetes, Hypertension, Autoimmune diseases, etc.].

Recent Diagnostic Results:

- Serum Creatinine: [Value] (Date: [Date])
- Estimated GFR: [Value] (Date: [Date])
- Urine Albumin/Creatinine Ratio: [Value]
- Urinalysis Findings: [e.g., Hematuria/Proteinuria]
- Imaging: [e.g., Renal Ultrasound findings if available]

Current Medications:

[List current medications and dosages].

Thank you for your clinical expertise in managing this patient. Please contact my office if further information is required.

Sincerely,

[Your Signature]

Referring Provider: [Your Name]

Practice Name: [Clinic/Practice Name]

Phone: [Your Phone Number]

Email: [Your Email Address]