Date: [Insert Date]

To: [Nephrologist Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip]

RE: Patient Referral for Chronic Kidney Disease Management
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Contact: [Phone Number]

Dear Dr. [Nephrologist Last Name],

I am referring this patient to your care for the evaluation and management of Chronic Kidney Disease (CKD).

Clinical Summary:

- **Estimated GFR:** [Value] mL/min/1.73m² (Date: [Date])
- **Serum Creatinine:** [Value] mg/dL
- **Albuminuria/Proteinuria:** [e.g., UACR value or Dipstick result]
- **Current CKD Stage:** Stage [3a/3b/4/5]

Relevant Medical History:

- [e.g., Hypertension]
- [e.g., Diabetes Mellitus Type 2]
- [e.g., Cardiovascular Disease]

Current Medications:

[List medications, specifically ACE inhibitors, ARBs, SGLT2 inhibitors, or diuretics]

Reason for Referral:
[e.g., Rapid decline in GFR, management of secondary hyperparathyroidism, anemia of CKD, or preparation for renal replacement therapy.]

Please find the attached recent laboratory results and imaging reports. Thank you for your consultation and ongoing co-management of this patient.

Sincerely,

[Your Name/Signature]
[Practice Name]

[Phone Number]
[Fax Number]