Date: [Insert Date]

To: [Receiving Physician Name]
Facility: [Receiving Facility/Department Name]
Fax/Email: [Contact Information]

RE: Patient Transfer for Advanced Endoscopy
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear Dr. [Receiving Physician Last Name],

I am referring the above-named patient to your service for the following advanced endoscopic procedure: **[Insert Procedure Type, e.g., ERCP, EUS, ESD, POEM]**.

Clinical Indication:
[Provide a brief summary of the diagnosis and the reason for the advanced intervention]

Relevant Medical History:
[List significant comorbidities, prior abdominal surgeries, and current medications-specifically anticoagulants]

Previous Interventions/Imaging:
[List relevant diagnostic endoscopy results or imaging findings such as CT/MRI results]

Transfer Status:
The patient is currently: [Inpatient at our facility / Outpatient]
Proposed timing for procedure: [Urgent / Elective / Within X days]

Accompanying this letter, please find the patient's most recent clinical notes, laboratory results, and imaging reports. We will remain the primary point of contact for the patient's longitudinal care following the procedure.

Please contact my office at [Phone Number] if you require additional information or to confirm the scheduled procedure date.

Sincerely,

[Your Name, MD/DO]
[Your Department/Facility]
[Your Contact Information]