**Date:** [Date]

**To:** [Receiving Surgeon/Physician Name]
**Department:** Colorectal Surgery
**Facility:** [Receiving Hospital Name]

**RE:** Patient Referral and Transfer of Care

**Patient Name:** [Patient Full Name]
**Date of Birth:** [DOB]
**Medical Record Number:** [MRN]
**Current Location:** [Current Ward/Facility]

Dear Dr. [Recipient Last Name],

I am referring this patient for urgent/elective colorectal surgical evaluation and management regarding: [Primary Diagnosis/Reason for Referral, e.g., Obstructing Rectal Mass, Acute Diverticulitis, Ulcerative Colitis Flare].

**Clinical History:**
[Brief summary of symptoms, duration, and relevant past medical/surgical history.]

**Diagnostic Findings:**
- **Imaging (CT/MRI):** [Key findings and date]
- **Endoscopy:** [Colonoscopy findings/biopsy results]
- **Labs:** [Relevant CEA, CBC, electrolytes, or inflammatory markers]

**Current Treatment & Stability:**
The patient is currently [stable/unstable]. Current interventions include [IV fluids, antibiotics, NPO status, or analgesia].

**Transfer Plan:**
The patient will be transferred via [Ambulance/Air Transport] scheduled for [Time]. All relevant imaging discs and pathology reports have been [sent with patient/uploaded to portal].

Thank you for accepting this transfer. I am available at [Phone Number] for any further information.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Facility/Contact Information]