Date: [Date]

To: [Referring Physician Name]
Address: [Clinic/Hospital Address]
Fax/Phone: [Contact Information]

RE: [Patient Full Name]
DOB: [Patient Date of Birth]
Procedure Date: [Date of Procedure]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for an endoscopic consultation and evaluation. I am returning this patient to your primary care for ongoing management following their recent procedure.

Procedure Performed: [e.g., Screening Colonoscopy / EGD]

Indications: [Reason for referral]

Key Findings:
[Summary of findings, e.g., 5mm polyp removed from sigmoid colon, normal esophagus]

Pathology Results:
[Status: Pending / Attached / No biopsy taken]

Recommendations and Follow-up:

- **Medications:** [Adjustments or new prescriptions]
- **Surveillance:** Repeat procedure in [Number] years.
- **Further Action:** [e.g., Lab work, lifestyle changes, or return to GI if symptoms persist]

Detailed procedure reports and pathology results (if available) are attached for your records. If you have any questions regarding this patient's gastrointestinal care, please do not hesitate to contact my office.

Sincerely,

[Doctor Signature]
[Doctor Name, Credentials]
[Department/Clinic Name]