

**Date:** [Date]  
**Re:** [Patient Full Name]  
**Date of Birth:** [DOB]  
**Patient ID/MRN:** [ID Number]

**To:** [Consultant Neurologist Name]  
**Department:** [Neurology Department]  
**Facility:** [Receiving Hospital/Clinic Name]

**Subject: Referral for Neurological Second Opinion and Transfer of Care**

Dear Dr. [Last Name],

I am writing to refer [Patient Name] for a formal second opinion and subsequent transfer of neurological management regarding [Primary Diagnosis or Main Symptom].

**Clinical History:**

The patient first presented on [Date] with symptoms including [List key symptoms, e.g., tremors, cognitive decline, focal weakness]. Initial neurological examination revealed [List key findings].

**Current Diagnosis:**

The patient is currently diagnosed with [Current Diagnosis]. We are seeking your expertise to confirm this diagnosis and explore further therapeutic options due to [Reason for referral, e.g., refractory symptoms, diagnostic uncertainty, patient request].

**Investigations and Results:**

The following investigations have been completed (reports attached):

- Imaging: [e.g., MRI Brain/Spine, CT - Include dates]
- Electrophysiology: [e.g., EEG, EMG/NCS]
- Laboratory Work: [e.g., CSF analysis, Serology]
- Neuropsychological Testing: [If applicable]

**Current Medications:**

[List current neurological and relevant systemic medications with dosages].

**Reason for Transfer:**

[State if this is for a one-time consultation or a complete transfer of care for specialized intervention, such as DBS, clinical trials, or advanced imaging].

Attached you will find the patient's full medical records and relevant imaging discs. Please contact my office at [Phone Number] if you require any additional information.

Thank you for reviewing this case.

Sincerely,

[Your Name/Signature]  
[Title/Position]  
[Your Organization]  
[Contact Information]