[Physician Name/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Specialist Name/Practice Name]
[Specialist Address]
[City, State, Zip Code]

RE: Referral for [Patient Name]
Date of Birth: [Patient DOB]

Dear Dr. [Specialist Last Name],

I am referring [Patient Name] to your office for further evaluation and management following a routine physical examination conducted on [Date of Physical].

During the examination, the following findings were noted:

- [Finding 1: e.g., Elevated blood pressure readings]
- [Finding 2: e.g., Abnormal laboratory results for glucose]
- [Finding 3: e.g., Physical symptom or patient concern]

Based on these clinical findings, I am requesting your expertise regarding [Specific Reason for Referral, e.g., Cardiac clearance/Endocrine consultation].

Attached to this letter, please find the patient's recent lab results, imaging reports, and relevant medical history. [Patient Name] has been advised to contact your office to schedule an appointment, or your staff may reach them at [Patient Phone Number].

Thank you for your assistance with this patient's care. Please feel free to contact my office if you require any additional information.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[NPI Number]