

[Date]

[Specialist Name]

[Clinic Name]

[Address]

[City, State, Zip Code]

RE: Specialist Referral for Asthma Action Plan Review

Patient Name: [Patient Name]

Date of Birth: [DOB]

Policy Number: [Insurance Number]

Dear [Specialist Name],

I am writing to formally refer the above-named patient to your clinic for a comprehensive review and optimization of their Asthma Action Plan.

The patient has recently experienced [mention frequency, e.g., increased symptoms/exacerbations/frequent rescue inhaler use]. Despite current management with [List current medications], the patient's asthma remains [controlled/partially controlled/uncontrolled].

I request your expertise to:

- Evaluate current lung function and asthma triggers.
- Review and adjust the existing Asthma Action Plan.
- Assess inhaler technique and adherence.
- Provide recommendations for long-term maintenance therapy.

Relevant medical records and recent lab results are attached for your review. Please provide a follow-up report regarding your findings and any modifications made to the treatment plan.

Thank you for your assistance in this patient's care.

Sincerely,

[Your Name/Signature]

[Title/Practice Name]

[Phone Number]

[Fax Number]