

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

Neurology Department  
[Hospital/Clinic Name]  
[Recipient Name, if known]  
[Address]  
[City, State, Zip Code]

**RE: Referral Follow-Up for [Patient Name]**

Date of Birth: [Patient DOB]  
Reference Number: [Referral ID, if applicable]

Dear Neurology Department,

I am writing to follow up on a formal referral sent on [Date Referral Sent] regarding the above-mentioned patient. Our records indicate that the patient was referred for evaluation of [Primary Symptom/Condition, e.g., chronic migraines, seizures, or numbness].

We have not yet received a confirmation of the appointment date or a consultation report. Could you please provide an update on the status of this referral?

Specifically, we are requesting:

- The scheduled date and time of the patient's appointment.
- Confirmation that all necessary medical records and test results were received.
- A copy of the consultation notes if the patient has already been seen.

If there are additional requirements or if the patient needs to take further action to schedule this visit, please let us know as soon as possible.

Thank you for your assistance in ensuring the continuity of care for this patient. You may contact our office at [Phone Number] or by fax at [Fax Number].

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title/Role]