

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Date]

[Specialist Name/Facility Name]  
[Recipient Address]  
[City, State, Zip Code]

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

Date of Birth: [Patient DOB]  
Date of Referral: [Original Referral Date]

Dear [Specialist Name/Medical Provider],

We are writing to follow up on the status of our patient, **[Patient Name]**, who was referred to your office for **[Reason for Referral/Consultation Type]**.

Our records indicate that the referral was sent on [Date]. As of today, we have not received a consultation report or summary of findings regarding this patient's visit.

Please provide an update by checking the appropriate box below and returning this form via fax to [Fax Number] or by mailing the requested documentation:

- Patient has been seen. (Please attach consultation notes/test results)
- Patient has an upcoming appointment scheduled for: [Date]
- Patient failed to show for appointment / No-show.
- Patient declined services or chose another provider.
- Other: \_\_\_\_\_

The information requested is necessary for the coordination of care and to update the patient's primary medical record. If you have any questions, please contact our office at [Phone Number].

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

Sincerely,

[Provider Name/Signature]  
[Provider Title]  
[Clinic Name]