Date: [Date]

To: [Recipient Name/Primary Care Physician]
Facility: [Facility Name]
Address: [Street Address, City, State, Zip Code]

RE: Patient Follow-Up and Care Coordination
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Evaluation: [Date of Visit]

Dear [Recipient Name],

I am writing to provide a follow-up regarding the specialist evaluation for the above-mentioned patient. This letter serves to coordinate continued care and ensure all members of the healthcare team are updated on the current clinical findings and recommendations.

Clinical Summary:
[Briefly describe the reason for referral and the findings from the specialist evaluation.]

Diagnosis:
[List primary and secondary diagnoses.]

Action Plan and Treatment Recommendations:
[Detail the prescribed medications, procedures, or lifestyle changes recommended.]

Care Coordination Requirements:

- [Specific task for Primary Care, e.g., Lab work monitoring]
- [Referrals to other specialists if applicable]
- [Requirement for follow-up imaging or tests]

The patient has been instructed to follow up with my office in [Time Frame, e.g., 3 months]. If you have any questions regarding this evaluation or the recommended treatment plan, please contact my office at [Phone Number].

Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Specialty]
[Organization Name]