Date: [Date]

RE: [Patient Full Name]
DOB: [Patient Date of Birth]
ID: [Medical Record Number]

To [Primary Care Physician Name],

Thank you for referring [Patient Name] to our clinic for evaluation of [Condition/Reason for Referral]. I saw the patient on [Date of Consultation] and would like to share my findings and recommendations for their continued care.

Clinical Findings

[Insert summary of physical exam, history, and diagnostic results here].

Diagnosis

[Insert primary and secondary diagnoses].

Treatment Provided

[Insert procedures performed or medications initiated during the visit].

Recommendations for Primary Care Management

I am returning the patient to your care for long-term management. I suggest the following plan:

- **Medication:** [List specific dosage and frequency].
- **Monitoring:** [List required labs, imaging, or vitals to track].
- **Warning Signs:** [List symptoms that require immediate re-referral].

Follow-Up Plan

The patient is scheduled to return to my office in [Timeframe: e.g., 6 months]. If you have any questions regarding this plan, please contact my office at [Phone Number].

Sincerely,

[Specialist Signature]
[Specialist Printed Name]
[Specialty Department]
[Clinic Name]