Date: [Date]

To: [Primary Care Physician Name]
Clinic: [Clinic Name]
Address: [Clinic Address]

RE: [Patient Full Name]
Date of Birth: [DOB]
Consultation Date: [Date of Visit]

Dear Dr. [PCP Last Name],

I had the pleasure of seeing [Patient Name] today for a specialist follow-up regarding the management of their chronic condition: [Condition Name].

Clinical Assessment:
The patient reports that their symptoms are currently [stable/improving/worsening]. Our physical examination and recent lab results indicate [brief summary of findings].

Current Management Plan:

- **Medication Changes:** [List any new prescriptions, dosage adjustments, or discontinued drugs].
- **Monitoring:** [Frequency of blood pressure checks, glucose monitoring, etc.].
- **Lifestyle Recommendations:** [Dietary or exercise modifications].

Requested Actions for Primary Care:

1. Order the following labs in [Timeframe]: [Specific Tests].
2. Monitor for potential side effects of [Medication].
3. Assist with [Referral/Vaccination/Screening].

Follow-up:
I have scheduled the patient for a return specialist visit in [Number] months. Please contact my office if there are any significant changes in the patient's status before then.

Sincerely,

[Specialist Signature]
[Specialist Name and Title]
[Contact Information]