[Doctor Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Specialist Referral Follow-Up

Dear [Patient Name],

Our records indicate that a referral was recently submitted for you to see [Specialist Name/Specialty Department] regarding [Reason for Referral].

The purpose of this letter is to follow up on your initial intake process. Please let us know if:

- You have successfully scheduled your first appointment.
- You have already completed your initial consultation.
- You are experiencing difficulties contacting the specialist's office.
- You have decided not to pursue this referral at this time.

If you have already seen the specialist, please ensure they have our contact information so they can send a summary of the visit and any recommended treatment plans to our office.

If you need assistance with the referral process or require a different provider, please contact our office at [Phone Number] between [Office Hours].

Sincerely,

[Signature/Name]
[Title/Department]
[Practice Name]