

Date: [Date]

To: [Specialist Name]

Clinic: [Specialist Clinic Name]

Address: [Clinic Address]

RE: Specialist Referral for Chronic Disease Management

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Dear Dr. [Specialist Last Name],

I am writing to refer [Patient Name] for specialist consultation and management regarding the following chronic condition(s):

- [Condition 1]
- [Condition 2]

Clinical History:

The patient was diagnosed in [Year] and has been managed with [Current Medications/Treatments]. Recent assessments indicate [Reason for referral, e.g., worsening symptoms, need for advanced diagnostic testing].

Current Medications:

- [Medication Name and Dosage]
- [Medication Name and Dosage]

Relevant Test Results:

[List recent blood work, imaging, or relevant clinical findings].

Referral Objective:

I request your expertise for a comprehensive review of the patient's records and to provide recommendations for a long-term management plan.

Please find the patient's attached chronic disease records and medical history for your review. Thank you for your assistance in the care of this patient.

Sincerely,

[Doctor Signature]

[Doctor Name]

[Clinic Name]

[Provider Number]