

Healthcare Provider Referral Letter Template

Subject: Patient Referral - [Patient Name]

Dear Dr. [Specialist's Name],

I am referring [Patient Name], DOB: [Date], for your evaluation and management of [specific condition/concern]. This referral comes at the recommendation of [Referrer - could be another physician, the patient's request based on friend's suggestion, etc.].

Patient presents with [brief clinical summary]. Current symptoms include [relevant symptoms].

Previous treatments have included [medications/interventions tried]. [Patient/Referring party] specifically requested referral to your practice based on [reason for specific referral - reputation, specialization, successful treatment of similar case, etc.].

Relevant medical history includes [pertinent medical history]. Current medications: [list if relevant].

The patient has been informed of the referral and is expecting your office to contact them to schedule an appointment.

I am available if you need any additional information or clarification regarding this patient's case.

Please keep me informed of your findings and treatment recommendations.

Thank you for your expertise in managing this patient's care.

Sincerely,

Dr. [Your Name]

[Your Practice/Institution]

[Contact Information]

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