

Professional Medical Referral Template

Subject: Patient Referral for Specialized Care

Dear Dr. [Specialist Name],

I am writing to refer my patient, [Patient Name] (DOB: [Date]), for evaluation and management of [specific condition/concern]. The patient has been under my care since [date] and presents with [detailed symptoms/findings].

Current medications include [list medications and dosages]. Recent diagnostic tests show [relevant results]. The patient's medical history is significant for [relevant conditions].

I believe your expertise in [specialty area] would be invaluable in determining the most appropriate treatment plan. Please see the attached medical records and test results for your review.

Thank you for your consideration of this referral. I look forward to your recommendations and continued collaborative care.

Sincerely,

Dr. [Your Name]

[Title/Department]

[Contact Information]

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