

Dear Dr. Rossi,

Re: Referral for Patient with Hoarseness

I am writing to refer Mr. John Anderson, a 48-year-old male patient under my care, for further evaluation and management of his persistent hoarseness.

Mr. Anderson has been experiencing hoarseness of voice for the past six weeks. He reports a gradual onset of voice changes characterized by a deep and rough quality. He denies any associated pain, cough, or difficulty breathing. Mr. Anderson is a lifelong non-smoker and does not have a history of excessive alcohol consumption.

Past Medical History:

- Gastroesophageal reflux disease (GERD), managed with omeprazole 20 mg once daily
- Hypothyroidism, on levothyroxine 100 mcg once daily
- Appendectomy in 2008

Current Medications:

- Omeprazole 20 mg once daily
- Levothyroxine 100 mcg once daily

I conducted a thorough examination, which revealed no abnormalities in the oral cavity or neck. A laryngoscopy performed during the examination showed mild vocal cord edema and erythema without any obvious masses or lesions. Given the persistent nature of Mr. Anderson's hoarseness and his history of GERD, I believe further evaluation by an ENT specialist is warranted to explore potential underlying causes.

I kindly request your expertise in assessing Mr. Anderson's condition, performing appropriate investigations, and formulating a management plan. I would greatly appreciate your prompt attention to this referral.

Please keep me updated regarding your findings and recommendations.

Thank you for your assistance in managing Mr. Anderson's complex medical condition. I remain at your disposal for any further information or discussion.

Yours sincerely,

Dr. Davids

