

# MEDICAL REFERRAL LETTER

Date: 2026-02-05

**URGENCY: URGENT**

**TO:**

Dr. Sarah Williams  
Cardiologist

**FROM:**

Dr. Robert Johnson  
Internal Medicine

## PATIENT INFORMATION

**Name:** Jane Smith

**Date of Birth:** 1985-07-22

**Patient ID:** MRN12345678

**Gender:** Female

**Phone:** (555) 123-4567

## REASON FOR REFERRAL

Patient presents with intermittent chest pain, shortness of breath on exertion, and abnormal ECG findings suggesting possible coronary artery disease. Request cardiology evaluation and stress testing.

## PRIMARY DIAGNOSIS

Suspected coronary artery disease, Class II angina

## RELEVANT MEDICAL HISTORY

Hypertension (5 years), Type 2 Diabetes (3 years), Family history of CAD in father (MI at age 55). Former smoker (quit 2 years ago, 20 pack-year history).

## CURRENT MEDICATIONS

- Lisinopril 10mg daily
- Metformin 500mg twice daily
- Atorvastatin 20mg daily
- Aspirin 81mg daily

## ALLERGIES

- Penicillin (rash)

## ADDITIONAL NOTES

Patient is anxious about cardiac symptoms. Reassurance provided. Please copy me on all reports.

Thank you for your consultation and management of this patient. Please contact me if you require any additional information.

Sincerely,

**Dr. Robert Johnson**  
Internal Medicine