|  | 5501 Fortunes Ridge Rd, Suite P  Durham, NC, 27713  919-391-7202  drboazak@animosanopsychiatry.com |
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Provider Name: Nurse Practitioner  
Addressed To: Patient's Primary Care Physician  
Reason for Letter: Referral for Diagnosis  
Diagnosis: Hypertension (ICD-10-CM: I10)  
  
Dear [Primary Care Physician],  
  
I am writing to request a referral for [Patient Name], born [DOB], who is currently under my care. I am concerned that [Patient Name] is suffering from Hypertension (ICD-10-CM: I10).   
  
[Patient Name] has reported a history of headaches, fatigue, and shortness of breath, all of which are consistent with Hypertension. During the physical exam, I noted that [Patient Name]'s blood pressure was elevated.   
  
I am requesting a referral to a specialist for further diagnosis and treatment of Hypertension. I believe that a referral to a specialist is necessary to ensure that [Patient Name] receives the best possible care.  
  
Thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions or require additional information.   
  
Sincerely,  
  
Nurse Practitioner