

REFERRAL LETTER

Specialist Consultation Request

Date: [Current Date]
To: [Specialist Name, MD]
[Specialty Department]
From: [Referring Provider, MD]
[Practice Name]

Re: Patient Referral

Patient Name:	■■■■■■■■ ■■■■■■■■
Date of Birth:	XX/XX/XXXX
MRN:	XXXXXX

Reason for Referral

Referring patient for specialist evaluation and management. Patient presents with clinical condition requiring specialty consultation.

Clinical Summary: Patient history and current symptoms documented. Previous workup included. Requesting consultation and recommendations for further management.

Sincerely,
[Referring Provider Name, MD]
[NPI Number]