# Referral Letter

**Purpose:** This document serves as a formal letter of referral from a primary care physician or healthcare provider to a specialist, requesting further evaluation and management of the patient's condition.

**From:** Dr. {referringDoctorName}, {referringDoctorTitle}
**Clinic:** {clinicName}
**Address:** {clinicAddress}
**Phone:** {clinicPhone}

**To:** {specialistName}
**Specialty:** {specialty}
**Facility:** {specialistClinicName}

**Date:** {date}

## Patient Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Gender** | **Contact Number** |
| {#patient}{fullName} | {dob} | {gender} | {contactNumber}{/patient} |

## Medical History / Reason for Referral

I am referring **{fullName}** for further evaluation and possible management regarding the following concern(s):

{reasonForReferral}

{#hasMedicalHistory}

### Relevant Medical History:

* {medicalHistoryDetails}

{/hasMedicalHistory}

### Current Medications:

{#medications}

* {name} - {dosage}, {frequency}

{/medications}

## Investigations and Attachments

{#hasInvestigations}

* {investigationType}: {details}

{/hasInvestigations}

{^hasInvestigations}There are no investigations to report at this time.{/hasInvestigations}

## Requested Assessment/Treatment

{requestedAssessment}

If you require any additional details, please do not hesitate to contact my office. I appreciate your time and expertise in evaluating and managing this patient's condition.

Sincerely,
Dr. {referringDoctorName}
*{referringDoctorTitle}*
{clinicName}