

**Date:**

*[Date]*

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**TO:**

*[Receiving Physician Name]*

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*[Facility/Practice Name]*

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*[Address, City, State, Zip]*

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**RE: Patient Referral**

**Patient Name:**

*[Patient Full Name]*

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**Date of Birth:**

*[DOB]*

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**Insurance Provider:**

*[Insurance Name & ID Number]*

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Dear Dr. *[Recipient Last Name]*,

I am referring this patient to your care for evaluation and management regarding:

[Reason for Referral / Chief Complaint]

**Clinical Summary & Pertinent History:**

[Brief clinical history, current medications, and relevant diagnostic results]

**Urgency:**

*[Routine / Urgent / Stat]*

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Enclosed please find the relevant medical records, lab results, and imaging reports. Please contact my office at *[Phone Number]* if you require additional information.

Sincerely,

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***[Referring Physician Name, MD/DO]***

*[Practice Name]*

*[Contact Email/Phone]*