

Date:
From: (Referring Provider/Clinic)
Phone: | **Fax:**

To: (Recipient Specialist/Facility)
Attention:
Fax:

RE: Patient Referral

Patient Name:
DOB: | **Phone:**
Insurance:

Dear Dr. ,

I am writing on behalf of Dr. to formally refer the above-named patient to your office for (Reason for Referral/Consultation).

Clinical Brief:

Attached

[]
[] Lab
[]
[] Insurance Authorization

Recent
Results /
Current

Progress
Imaging
Medication

Documentation:

Notes
Reports
List

Please contact our office at once the appointment has been scheduled, or if you require additional clinical information.

Sincerely,

Clinical Medical Assistant

Confidentiality Notice: This document contains privileged information intended only for the use of the addressee. If you are not the intended recipient, please notify the sender immediately.