

[Pediatric Practice Name]
[Practice Address]
[Phone Number] | [Fax Number]

Date: [Date]

To: [Recipient Name/Specialist Office]
Fax: [Recipient Fax Number]

RE: Referral for [Patient Name]

Patient Information:

Name: [Full Name]
DOB: [Date of Birth]
Parent/Guardian: [Guardian Name]
Phone: [Contact Number]
Insurance: [Provider Name] | [Policy Number]

Dear [Provider Name/Consultant],

I am writing on behalf of [Referring Physician Name] to refer this patient for evaluation and treatment regarding:

Reason for Referral: [Diagnosis/Symptoms]

Clinical Notes:

[Brief description of clinical findings, medications, or specific concerns]

Urgency: [] Routine [] Urgent [] Stat

The following documents are attached:

- [] Recent Office Notes
- [] Lab Results
- [] Imaging/Radiology Reports
- [] Immunization Records

Sincerely,

[Your Name]
Pediatric Medical Assistant
[Referring Physician Name]