

[Your Name/Title]
[Department/Facility Name]
[Phone Number]
[Email Address]

[Date]

[Recipient Name]
[Recipient Title/Specialty]
[Organization Name]
[Address]

RE: Referral for Specialized Pediatric Pharmaceutical Consultation

Patient Name: [Patient Name]
DOB: [Date of Birth] | **Weight:** [Weight in kg]

Dear [Recipient Name],

I am writing to formally refer the above-mentioned pediatric patient for a comprehensive medication therapy management review and pharmaceutical consultation. The patient is currently under my care for [Primary Diagnosis/Condition].

Due to the complexity of the patient's [mention: weight-based dosing requirements / polypharmacy / specialized compounding needs / chronic condition management], I believe your expertise in pediatric clinical pharmacy will be vital in optimizing their therapeutic outcomes.

Current Clinical Focus:

- [Clinical Goal 1: e.g., Dose Titration]
- [Clinical Goal 2: e.g., Adverse Effect Monitoring]
- [Clinical Goal 3: e.g., Caregiver Administration Education]

Enclosed please find the patient's current medication administration record (MAR), recent laboratory results, and relevant clinical notes. I look forward to your recommendations regarding [specific concern, e.g., renal dosing adjustments or drug-drug interactions].

Thank you for your collaboration in providing specialized care for this patient. Please contact me directly if you require additional clinical history.

Sincerely,

[Your Signature]

[Your Printed Name and Credentials]
[License/NPI Number]