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Medical Referral Letter Template

Referral to a specialist · clinicframe.com/note-templates/referral-letter-template

REPLACE EVERY [BRACKETED] FIELD. REMOVE WHAT DOES NOT APPLY.

[Practice name] · [Address] · [Phone] · [Fax] · [NPI]

[Date]

To: [Specialist name and specialty], [Practice], [Address or fax]

RE: Referral for [patient name], date of birth [DOB], [phone]. Insurance: [plan and member ID]. Urgency: [routine, soon, or urgent, with a time frame].

Thank you for seeing [patient name]. I am referring [him, her, or them] for [the specific question you want answered, for example evaluation and management of suspected inflammatory arthritis].

History: [onset, course, and key symptoms]. Relevant past history: [conditions]. Current medications: [list]. Allergies: [list].

Findings: [exam findings and results, with dates]. Treatment so far: [what was tried and the response].

I am asking for [consultation only, or consultation and ongoing management]. Please send your recommendations to [fax or portal].

Records enclosed: [notes, labs, imaging reports].

Sincerely,

[Referring clinician name, credentials] · [Direct phone]

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Completed sample (fictional)

FICTIONAL EXAMPLE. NOT A REAL PATIENT. FOR ILLUSTRATION ONLY.

Lakeview Primary Care · 12 Shore Avenue, Madison, WI 53703 · Phone (608) 555-0110 · Fax (608) 555-0111 · NPI 0000000000

November 19, 2026

To: Dr. Avery Brooks, Rheumatology, Capitol Specialty Clinic, Fax (608) 555-0177

RE: Referral for Jamie Collins (fictional), date of birth 05/22/1983, (608) 555-0123. Insurance: Example Health Plan, member ID EX445566. Urgency: soon, within 4 weeks.

Thank you for seeing Jamie Collins. I am referring her for evaluation and management of suspected inflammatory arthritis.

History: 10 weeks of pain and swelling in both hands, worse in the morning, with stiffness that lasts about 90 minutes. No rash or fever. Relevant past history: hypothyroidism. Current medications: levothyroxine 75 mcg daily, ibuprofen 400 mg as needed. Allergies: none known.

Findings: swelling and tenderness of the 2nd and 3rd MCP joints on both hands on 11/12/2026. CRP 18 mg/L and rheumatoid factor positive on 11/14/2026. Hand X-rays 11/14/2026 without erosions. Treatment so far: ibuprofen with partial relief.

I am asking for consultation and ongoing management if you confirm the diagnosis. Please send your recommendations to fax (608) 555-0111.

Records enclosed: visit note from 11/12, lab results, and the X-ray report.

Sincerely,

Dr. Pat Rivera, MD · Direct line (608) 555-0115