

Date:

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To:

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From:

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Subject:

Orthopedic Consultation Recommendation

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Patient Name:

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Date of Birth:

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Medical Record Number:

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Dear Orthopedic Specialist,

I am referring the above-named patient for an orthopedic consultation. The patient presents with the following concerns:

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Relevant Medical History:

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Summary of Findings:

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Reason for Referral:

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Requested Assessment/Management:

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Attached Documents/Results:

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Please feel free to contact me for further information or clarification.

Sincerely,

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Physician Name

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Contact Information

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