

Ophthalmology Specialist Referral Letter

Date: _____

Referring Doctor: _____

Clinic/Hospital: _____

Contact Number: _____

Patient Name: _____

Date of Birth: _____

Patient ID / MRN: _____

Address: _____

Reason for Referral:

Clinical History & Past Medical History:

Examination & Findings:

Medications / Allergies:

Investigations Done (if any):

Provisional Diagnosis / Impression:

Additional Comments / Requests:

Referring Doctor's Signature:

Name & Stamp:
