

## LETTER TO DOCTOR

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

### Patient Information:

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NHS Number: \_\_\_\_\_

### Referring Physician:

Physician's Name: \_\_\_\_\_

Practice or Hospital: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Reason for Referral and Clinical Information:

Please find below the clinical details pertinent to the patient's condition. This information is provided for your expert assessment and management. The patient has been experiencing symptoms consistent with the diagnosis described herein. Relevant medical history, current medications, and any prior investigations or treatments are summarized for your consideration.

### Summary of Clinical Findings:

Clinical examination and investigations have revealed the following relevant findings: - Vital signs stable. - Relevant laboratory results attached. - Imaging studies indicate areas of concern requiring specialist evaluation. - No known allergies or contraindications to proposed treatments.

### Requested Actions:

We respectfully request your assessment and management recommendations for the patient. Please advise on further investigations, treatment options, or specialist interventions as appropriate. Kindly provide your expert opinion on the prognosis and any necessary follow-up.

### Additional Information:

Please do not hesitate to contact us should you require any further details or clarification. All patient information is handled in compliance with the Data Protection Act 2018 and GDPR regulations.

**REFERRING PHYSICIAN SIGNATURE**

**RECEIVING DOCTOR SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Letter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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