

## MEDICAL REFERRAL LETTER

Date:

To,  
[ATTN]  
[ADDRESS]  
[POSTAL CODE]

**Subject:**

To Whom It May Concern / Dear Dr Kumfor,

I am referring [patient's name], a [Age] year old [male/female], for evaluation of their [presenting problem]. These reported concerns have been occurring for the past [X] months/years.

I have been [patient's name]'s primary care physician/specialist for the past [X] years.

[Please include any further medical history you deem relevant for the referral, including medical conditions, current medications, or recent test results].

[Patient's name] is agreeable to participating in your study and can be contacted via the following details [please list patient contact number and email address].

I hope you will find [Patient's name] to be a suitable candidate for your research study. Please do not hesitate to contact me for further assistance regarding this referral.

Sincerely,

[Name, professional specialty, signature, date].