*Dr’s FName LName*

*Practice Name*

*Dr’s street line address 1*

*Dr’s street line address 2*

*Suburb State Postcode*

*Dear Dr LName,*

*Re: Ms X, DOB………….*

*Thank you for reviewing Ms X who presented to my practice today with suspected inflammatory joint disease.*

*Three months ago she developed swelling and pain in both wrists, her second and third MCP joints and both feet. She reports suffering from joint stiffness for a duration of two to three hours in the morning and complains of increasing fatigue. She is otherwise well but is unable to continue work as a nursing assistant due to her symptoms. At home, she requires some assistance from her family in performing manual tasks with her hands.*

*Ms X attended my clinic today because of ongoing pain and decreasing function in her wrists and hands. On examination, joints in both wrists appeared swollen and erythematous, she had decreased range of movement in the wrists and the second and third MCP joints, decreased grip strength and a positive squeeze test across the MCP and MTP joints.*

*Given this presentation, I am concerned about possible inflammatory joint disease and would value your review on this matter.*

*Kind Regards*

*Fname Lname*