

Dermatological Examination Summary

Patient Name: [Patient Name]

Date of Examination: [Date]

Referring Physician: [Referring Physician Name]

Examination Findings:

- **Skin Type:** [Skin Type]
- **Notes on Lesions:** [Description of Lesions]
- **Other Observations:** [Other Notable Findings]

Diagnosis:

[Diagnosis Details]

Treatment Plan:

[Treatment Recommendations]

Follow-Up:

[Follow-Up Instructions]

Examining Physician: [Physician Name]

Contact Information: [Contact Information]