

Dermatopathology Consultation Summary

Patient Name: [Patient's Name]

Patient ID: [Patient ID]

Consultation Date: [Date]

Referring Physician: [Physician's Name]

Clinical History

[Brief description of clinical history and reason for consultation]

Specimen Information

Specimen Type: [Type of Specimen]

Specimen Site: [Site from which specimen was taken]

Microscopic Findings

[Description of histopathological findings]

Diagnosis

[Final Diagnosis]

Recommendations

[Any recommended follow-up or management plans]

Signature

[Your Name, MD]

[Your Title]

[Institution Name]