

Dermatology Consultation Referral

Date: [Insert Date]

To: [Specialist's Name]

Address: [Specialist's Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing [brief description of symptoms]. The patient has reported [any other relevant history or symptoms].

Upon examination, I found [details of examination findings]. I believe that a specialized evaluation and management by you would be beneficial for [his/her/their] condition.

Enclosed are the patient's medical records, including [any relevant lab results, imaging, or previous treatments].

Please feel free to contact me at [Your Phone Number] or [Your Email] if you need any additional information regarding this case.

Thank you for your attention to this matter. I look forward to your expertise in managing this case.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic/Hospital Name]

[Your Contact Information]