

Referral Letter for Eczema Specialist

Date: [Insert Date]

To: [Specialist's Name]
[Specialist's Clinic or Hospital]
[Address]
[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing persistent eczema symptoms that require specialist evaluation and management.

Patient Information:

Name: [Patient's Name]
Date of Birth: [Patient's DOB]
Contact Number: [Patient's Contact Number]

Clinical Summary:

[Patient's Name] has a history of eczema, with symptoms including [describe symptoms, e.g., itching, redness, dryness]. Treatment to date includes [list treatments tried, e.g., topical steroids, moisturizers], but the patient's condition remains challenging to manage.

I believe that your expertise in eczema management would be invaluable for [Patient's Name] to improve their skin condition and quality of life.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]