

Referral Letter

Date: [Insert Date]

To:

[Dermatology Specialist's Name]

[Dermatology Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Dermatology Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing [describe symptoms or conditions] that require specialized dermatological evaluation and treatment.

Patient Details:

- **Patient's Date of Birth:** [DOB]
- **Contact Information:** [Phone Number, Email]
- **Medical History:** [Brief medical history relevant to dermatology]
- **Current Medications:** [List of medications]

After conducting a thorough examination and review of [his/her/their] medical history, I believe that a consultation with you would be beneficial in managing [his/her/their] condition effectively.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any additional information you may need regarding this referral.

Thank you for your attention to this matter. I look forward to your expert evaluation of my patient.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Practice/Clinic Name]

[Your Practice Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]