

Patient Referral for Dermatology Assessment

Referring Physician: Dr. Jane Smith

Practice Name: ABC Medical Clinic

Address: 123 Health St, City, State, ZIP

Phone: (123) 456-7890

Date: October 1, 2023

To:

Dermatology Specialist: Dr. John Doe

Practice Name: XYZ Dermatology Center

Address: 456 Skin Ave, City, State, ZIP

Phone: (987) 654-3210

Patient Information:

Name: Sarah Johnson

Date of Birth: March 15, 1990

Insurance ID: 123-456-789

Referral Reason:

We are referring Sarah Johnson for a dermatology assessment due to persistent skin lesions on her back and arms, which have not responded to topical treatments.

Clinical History:

Patient presents with a 6-month history of worsening lesions. Family history of psoriasis noted. Current medications include corticosteroids and antihistamines.

Requested Actions:

Please evaluate and recommend further management options. A follow-up communication regarding the findings would be appreciated.

Thank you for your attention to this matter.

Best regards,

Dr. Jane Smith

ABC Medical Clinic