

# Dermatology Referral Letter for Acne Management

**To:** Dr. [Dermatologist's Name]

**Practice Name:** [Dermatology Practice Name]

**Address:** [Practice Address]

**Date:** [Date]

Dear Dr. [Dermatologist's Last Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender], who has been experiencing persistent acne that has not responded adequately to standard treatments.

## **History:**

[Patient's Name] has a history of moderate to severe acne, characterized by inflammatory lesions, cysts, and occasional scarring. Despite following a treatment regimen that includes topical retinoids and antibiotics for the past [duration], there has been minimal improvement.

## **Examination Findings:**

Upon examination, [describe findings such as the type of lesions, distribution, and any scarring].

## **Treatment History:**

[List previous treatments attempted, including medications and any side effects experienced.]

Given the lack of response to these treatments, I believe a more specialized approach may be beneficial. I kindly ask for your expertise in evaluating [Patient's Name] for possible alternative treatments, including [potential treatments like isotretinoin or hormonal therapy, if applicable].

Please find enclosed the patient's medical records, including their treatment history and photographs for your review.

Thank you for your attention to this matter. Please feel free to reach out if you need further information.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Your Contact Information]