

Referral Letter for Dermatology Consultation

Date: [Insert Date]

To: Dr. [Dermatologist's Name]

[Dermatology Clinic Name]

[Clinic Address]

[City, State, ZIP]

Dear Dr. [Dermatologist's Last Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [Male/Female], who has been experiencing recurrent allergic skin reactions.

History: [Patient's Name] presented with symptoms including [describe symptoms: e.g., rashes, itching, swelling] that began [duration: e.g., two weeks ago]. The patient reports potential triggers including [list known allergens or irritants]. Despite initial management with [medications/treatments used], symptoms have persisted.

Current Medications: [List any current medications the patient is taking]

Allergies: [List known allergies]

Reason for Referral: I am seeking your expert evaluation to determine the underlying cause of these allergic reactions and to provide appropriate management options.

Please find attached [any relevant documents, tests, or photos if applicable].

Thank you for your assistance with this matter. I look forward to your recommendations.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Practice Address]

[Phone Number]

[Email Address]