

Dermatology Referral for Eczema Evaluation

Date: [Insert Date]

To: [Dermatologist's Name]

[Dermatologist's Address]

[City, State, Zip Code]

Dear [Dermatologist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender], who has been experiencing persistent eczema symptoms. After thorough clinical evaluation and management, the patient's condition remains unresolved, and I believe a specialized dermatological assessment is warranted.

Patient Details:

- **Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Insurance Information:** [Insurance Provider]
- **Contact Number:** [Patient's Phone Number]

Clinical History:

[Brief history of eczema symptoms, duration, previous treatments, and any pertinent medical history.]

Current Medication:

- [Medication 1]
- [Medication 2]
- [Medication 3]

I appreciate your expertise in this matter and look forward to your assessment and any recommendations you may have for the management of [Patient's Name]'s condition.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]