

# Dermatology Referral Letter

Date: [Insert Date]

To: [Dermatologist's Name]  
[Dermatology Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]

Dear [Dermatologist's Name],

I am writing to refer my patient, [Patient's Full Name], who is experiencing significant hair loss. The patient is a [Patient's Age] year old [male/female] who presented to my clinic on [Date of Initial Visit] with complaints of [brief description of symptoms, e.g., "thinning hair and patches of baldness"].

Upon examination, I noted [describe findings, e.g., "areas of alopecia areata and changes in scalp condition"]. I have conducted preliminary tests including [mention any tests performed, e.g., "a thorough medical history review and basic scalp examination"], which have suggested the need for further investigation.

Given the nature of [his/her] symptoms, I believe a comprehensive evaluation by a dermatologist is warranted to determine the underlying cause and appropriate treatment options. Enclosed are copies of relevant medical records and test results.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email] if you have any questions or need further information.

Thank you for your attention to this matter.

Sincerely,  
[Your Full Name]  
[Your Medical Title/Position]  
[Your Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email]