

Date: [Insert Date]

[Referring Physician's Name]

[Referring Physician's Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

Dear [Dermatologist's Name],

I am writing to refer my patient, [Patient's Name], for a dermatological assessment of a mole located on [specific location of the mole]. The patient is [age] years old and has reported [brief description of symptoms or concerns regarding the mole].

Clinical findings include:

- Mole Size: [insert size]
- Color: [insert color]
- Border: [insert description]
- Duration: [insert duration of mole]
- Any changes observed: [insert details]

Medical History: [Brief summary of the patient's medical history pertinent to the referral. Include any relevant family history, skin cancer history, or previous dermatology visits.]

Please evaluate the mole and provide recommendations for management. Thank you for your attention to this matter.

Sincerely,

[Referring Physician's Name]

[Referring Physician's Title]

[Referring Physician's Practice Name]