

Referral Letter for Psoriasis Treatment

Referring Physician:

Dr. John Smith
ABC Family Practice
123 Health St.
City, State, ZIP
Phone: (123) 456-7890
Email: johnsmith@abcpractice.com

Date: [Insert Date]

To:

Dr. Jane Doe
XYZ Dermatology Clinic
456 Skin Ave.
City, State, ZIP

Dear Dr. Doe,

I am writing to refer my patient, **[Patient's Name]**, a **[Age]** year old **[Gender]**, who has been diagnosed with moderate to severe psoriasis.

The patient has been experiencing significant symptoms including **[Symptom Description]**. These symptoms have not adequately responded to first-line treatments, including topical corticosteroids and vitamin D analogs.

Given the severity of the condition and the impact on the patient's quality of life, I believe that specialized dermatological care is warranted. I would appreciate your insights and management recommendations regarding further treatment options.

Please find attached the patient's medical history and the results of recent laboratory tests.

Thank you for your attention to this referral. Please feel free to contact me if you need any additional information.

Sincerely,

Dr. John Smith
ABC Family Practice
Phone: (123) 456-7890
Email: johnsmith@abcpractice.com