

Referral Letter for Dermatology Consultation

Date: _____

To: [Dermatologist's Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

Phone: [Clinic Phone Number]

From: [Your Name]

Your Practice/Clinic: [Your Practice Name]

Your Contact: [Your Phone Number]

Patient Name: [Patient's Name]

Patient's Date of Birth: [Patient's DOB]

Patient's ID: [Patient ID]

Reason for Referral

I am referring [Patient's Name] for evaluation and management of suspected rosacea. The patient presents with complaints of:

- Flushing and persistent facial redness
- Presence of papules and pustules
- Possible trigger factors including heat and spicy foods

Medical History

[Brief summary of relevant medical history]

Current Medications

[List of current medications]

Additional Notes

Previous treatments have included [list any previous treatments]. The patient is eager to discuss further management options.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]