

Dermatology Referral Letter

Date: [Insert Date]

Referring Physician: [Physician's Name]

Referring Physician's Contact: [Phone Number, Email]

Address: [Physician's Address]

Patient Name: [Patient's Full Name]

Patient's Date of Birth: [DOB]

Patient's Contact Information: [Patient Phone Number, Email]

Reason for Referral

I am referring [Patient's Name] for a dermatology evaluation and skin cancer screening due to the following reasons:

- [Brief description of the patient's symptoms or concerns]
- [History of skin lesions, changes, or family history of skin cancer]

Medical History

[Brief summary of relevant medical history, medications, and allergies]

Current Medications

[List current medications]

Additional Information

[Any additional information pertinent to the referral]

Next Steps

Please contact me with any questions or if further information is needed. I appreciate your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]