

# Dermatological Referral Letter

**To:** Dr. [Specialist's Name]

**Address:** [Specialist's Clinic Address]

**Date:** [Date]

Dear Dr. [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who is [Patient's Age] years old, for further evaluation and management of dermatological concerns.

## Patient Information:

- **Gender:** [Gender]
- **Previous Conditions:** [List any relevant medical history]
- **Current Medications:** [List medications]
- **Relevant Allergies:** [List allergies]

## Reason for Referral:

[Provide a brief description of the dermatological issue, symptoms, duration, and any previous treatments that have been attempted.]

## Examination Findings:

[Include clinical findings observed during examination.]

Thank you for your assistance in managing this case. Please feel free to contact me if you require any additional information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Phone Number]

[Your Email Address]