

Referral for Dermatology Consultation

Date: [Insert Date]

To: Dr. [Dermatologist's Name]
[Dermatologist's Address]
[City, State, ZIP Code]

From: Dr. [Your Name]
[Your Practice Name]
[Your Address]
[City, State, ZIP Code]
[Phone Number]

Dear Dr. [Dermatologist's Last Name],

I am writing to refer my patient, [Patient's Name], [Patient's Age], who has been experiencing [brief description of symptoms or concerns, e.g., "persistent rashes and itching on the arms and legs"]. After conducting a thorough examination, I believe a specialist evaluation is necessary to provide optimal care.

[Patient's Name] has a history of [brief medical history related to dermatology, e.g., "eczema, allergies, etc."] which may be relevant for your assessment. Enclosed are the patient's medical records, including recent lab results and treatment history.

I kindly request an evaluation and recommendations for the management of [Patient's Name]'s condition. Please feel free to contact me should you require any further information.

Thank you for your attention to this referral. I appreciate your assistance in providing care for my patient.

Sincerely,
Dr. [Your Full Name]
[Your Title/Position]