

Referral Letter for Dermatology Appointment

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, **[Patient's Name]**, for evaluation and treatment by a dermatologist. The patient was seen in my office on [Insert Date of Visit] and has been experiencing [briefly describe the symptoms or conditions].

Relevant medical history includes:

- [Medical Condition 1]
- [Medical Condition 2]
- [Any pertinent medication]

My findings upon examination include:

- [Finding 1]
- [Finding 2]
- [Finding 3]

Based on the above, I believe that further evaluation by a specialist is warranted. Please find enclosed any relevant medical records for your reference.

Thank you for your attention to this referral. Please do not hesitate to contact me if you require any additional information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]