

Date: [Insert Date]

To: [Dermatologist Name/Clinic Name]

Fax/Address: [Insert Fax Number or Address]

From: [Referring Physician Name]

Clinic: [Referring Clinic Name]

Phone: [Insert Phone Number]

URGENT REFERRAL: SKIN LESION EVALUATION

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Phone Number: [Patient Phone Number]

Reason for Urgent Referral: Evaluation of suspicious skin lesion.

Clinical Findings:

- **Location:** [e.g., Right upper back]
- **Duration:** [e.g., Noticed 2 months ago]
- **Evolution:** [e.g., Rapidly increasing in size, bleeding, or color change]
- **Physical Exam:** [e.g., 8mm asymmetrical pigmented macule with irregular borders]

Pertinent History:

- **Personal/Family History of Skin Cancer:** [Yes/No - Details]
- **Immunosuppression:** [Yes/No]
- **Biopsy Performed:** [No / Yes - Results Attached]

Request: Given the clinical suspicion for [e.g., Melanoma / SCC], please see this patient for urgent evaluation and management.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[NPI Number]

Attachments: [] Photo of lesion [] Relevant Pathology Reports [] Patient Medication List