

**Date:** [Date]

**RE:** [Patient Name]

**DOB:** [Date of Birth]

**Address:** [Patient Address]

Dear Dr. [Referring Physician Name],

Thank you for referring [Patient Name] for the evaluation of a pigmented skin lesion located on the [Anatomical Location].

**History of Present Illness:**

The patient reports that the lesion has been present for [Duration]. They note [no changes / recent changes in size, shape, or color]. There is no associated itching, bleeding, or pain. The patient has a [personal/family] history of skin cancer: [Yes/No].

**Physical Examination:**

Clinical and dermoscopic examination reveals a [Size] mm [Color] [Macule/Papule] on the [Specific Location].

- Symmetry: [Symmetric/Asymmetric]
- Borders: [Regular/Irregular]
- Color: [Uniform/Variegated]
- Dermoscopic findings: [Describe pigment network, globules, or streaks]

**Assessment:**

The lesion appears clinically [benign / atypical / suspicious for malignancy]. The primary differential diagnosis includes [Diagnosis, e.g., Melanocytic Nevus, Seborrheic Keratosis, Dysplastic Nevus].

**Plan:**

- Clinical observation and routine monitoring in [Number] months.
- Photography for digital surveillance.
- Shave/Punch biopsy performed today to rule out malignancy.
- Excision recommended.

I will notify both you and the patient once the pathology results are available. Please feel free to contact my office if you have any further questions.

Sincerely,

[Your Name, MD/DO]

[Practice Name]

[Phone Number]