

Date: [Date]

RE: [Patient Name]

Date of Birth: [DOB]

Guardian Name: [Guardian Name]

To: [Referring Physician Name]

Dear Dr. [Last Name],

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

History of Present Illness:

The lesion was first noted [Time Period] ago. According to the caregiver, the lesion has been [stable/growing/changing in color]. There is [no] history of itching, bleeding, or pain associated with the site. The patient has [no] relevant family history of skin cancer or genetic syndromes.

Physical Examination:

On clinical examination, the patient presents with a [Size in mm] [Description: e.g., macule, papule, nodule].

Color: [Description]

Borders: [Regular/Irregular]

Symmetry: [Symmetric/Asymmetric]

Dermoscopic Findings: [Insert findings or N/A]

Assessment:

[Primary Diagnosis/Differential Diagnosis]

Plan:

- [Observation / Reassurance]
- [Topical Treatment / Medication Name]
- [Biopsy / Surgical Excision scheduled for Date]
- [Follow-up interval]

The patient's guardian has been counseled on sun protection and signs of change that would warrant an earlier follow-up.

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Practice Name]