

Date: [Date]

To: [Consultant Name/Dermatology Department]

From: [Referring Physician Name]

Facility: [Referring Clinic Name]

RE: Urgent Evaluation for Suspicious Pigmented Lesion

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient Phone: [Phone Number]

Dear Dr. [Consultant Last Name],

I am referring this patient for an urgent evaluation of a suspicious skin lesion located on the [Anatomic Location, e.g., Left Upper Back].

Clinical Findings:

The lesion exhibits the following features concerning for melanoma:

- **Asymmetry:** [Yes/No]
- **Border:** [Irregular/Blurred]
- **Color:** [Variegated/Multiple colors/Darkening]
- **Diameter:** [Size in mm]
- **Evolution:** [Patient reports recent growth/change in shape or itch]

Relevant History:

- Previous History of Skin Cancer: [Yes/No]
- Family History of Melanoma: [Yes/No]
- Immunosuppression: [Yes/No]

Current Management:

[Choose one: No biopsy performed / Shave biopsy performed on Date / Punch biopsy performed on Date]. Results are [Attached / Pending].

I would appreciate your specialist assessment and management of this lesion. Please contact my office with your findings or if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Phone Number]

[Fax Number]