

Date: [Date]

To: [Consultant Name/Specialty]

Address: [Consultant Address]

RE: [Patient Full Name]

DOB: [Date of Birth]

MRN: [Medical Record Number]

Dear Dr. [Consultant Last Name],

Thank you for evaluating this [Age]-year-old patient regarding a suspicious skin lesion located on the [Specific Body Site].

Clinical History:

The lesion was first noted on [Date]. It has recently demonstrated [Changes: e.g., growth, bleeding, itching, color change]. Given the patient's age and history of [Relevant History: e.g., chronic sun exposure, previous skin cancers, anticoagulation therapy], a specialist evaluation is requested.

Physical Examination Findings:

The lesion is approximately [Size] in diameter. It appears [Description: e.g., pearly, irregular borders, pigmented, keratotic]. No palpable regional lymphadenopathy was noted.

Current Medications:

[List medications, specifically blood thinners or immunosuppressants]

Specific Request:

Please provide a diagnostic evaluation and recommendation for management. If clinically indicated, please perform a biopsy or definitive excision during the consultation.

Sincerely,

[Your Name/Signature]

[Your Title]

[Practice Name]

[Phone Number]