

**Date:** [Insert Date]

**Referring Physician:** [Name of Referring Doctor]

**Facility:** [Name of Facility]

**Address:** [Address, City, State, Zip]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

**Subject: Pre-Operative Skin Lesion Evaluation Consultation**

Dear Dr. [Last Name of Referring Physician],

Thank you for requesting a formal dermatological evaluation for [Patient Name] regarding a skin lesion prior to their scheduled surgical procedure.

**Clinical Findings:**

The patient presents with a [Description: e.g., pigmented, raised, ulcerated] lesion located on the [Specific Body Site]. The lesion measures approximately [Dimensions] in size. Physical examination reveals [Brief Clinical Details].

**Assessment:**

Based on the clinical presentation and [Dermoscopy/Biopsy if applicable], the lesion is consistent with [Diagnosis or Differential Diagnosis].

**Recommendations:**

- **Surgical Clearance:** [The lesion does not require immediate intervention and the patient is cleared for surgery / The lesion should be addressed prior to or during the scheduled procedure].
- **Management Plan:** [e.g., Excision, Monitoring, Biopsy performed, or Topical treatment].
- **Follow-up:** The patient is scheduled for a follow-up appointment on [Date] for [Reason].

Please do not hesitate to contact my office if you have any further questions regarding this evaluation.

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Department/Practice Name]

[Contact Information]