

Date: [Insert Date]

To: [Consultant Name/Specialist Department]

Facility: [Hospital/Clinic Name]

Address: [Facility Address]

Re: Evaluation of Undiagnosed Vascular Skin Lesion

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Patient ID: [Medical Record Number]

Dear Dr. [Consultant Last Name],

I am referring this patient to your care for a formal evaluation and diagnostic workup of a suspicious vascular skin lesion located on the [Specific Body Location].

Clinical Presentation:

The lesion was first noted on [Date/Approximate Timeframe]. It currently presents as a [Color, e.g., bright red/purple/violaceous] [Type, e.g., papule/plaque/nodule] measuring approximately [Dimensions].

Observations:

The lesion exhibits the following characteristics: [e.g., blanching/non-blanching, pulsatile, friable, spontaneous bleeding, or rapid growth]. The patient reports associated symptoms of [e.g., pain, pruritus, or no symptoms].

Medical History:

[Briefly list relevant history, anticoagulant use, or family history of vascular malformations].

Requested Action:

I request your expertise for a definitive diagnosis via clinical exam, dermoscopy, or biopsy if indicated. Please provide your recommendations for management or surgical intervention if necessary.

Thank you for your assistance in this patient's care. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]

[Practice Name]