

Date: [Date]

Referring Provider: [Name of Referring Physician]

Practice Name: [Practice Name]

Address: [Address/Contact Info]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

RE: Rapid Access Dermatology Skin Lesion Evaluation

Reason for Consultation: Urgent evaluation of a suspicious skin lesion.

Clinical History:

The patient presents for evaluation of a lesion located on the [Specific Body Site]. Duration: [Length of time]. Symptoms: [e.g., bleeding, itching, rapid growth, changing color].

Personal/Family History of Skin Cancer: [Yes/No].

Physical Examination:

Site: [Specific Location]

Dimensions: [Size in mm/cm]

Morphology: [e.g., pigmented macule, pearly papule, crusting ulcer, asymmetrical borders].

Assessment / Differential Diagnosis:

1. [Primary Diagnosis, e.g., Rule out Malignant Melanoma]
2. [Secondary Diagnosis, e.g., Basal Cell Carcinoma vs. Squamous Cell Carcinoma]
3. [Alternative Diagnosis, e.g., Atypical Nevus]

Procedure / Plan:

- Shave Biopsy performed today.
- Punch Biopsy performed today.
- Cryotherapy applied.
- Scheduled for surgical excision on [Date].
- Referral to Mohs Micrographic Surgery.
- Clinical monitoring only.

Follow-up:

The patient has been instructed to return in [Number] days for a wound check and to discuss pathology results. We will forward the pathology report to your office as soon as it is available.

Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Provider Signature]
[Provider Name, Title]
[Department of Dermatology]