

**Date:** [Date]

**To:** [Referring Physician Name]

**Clinic:** [Clinic Name]

**Fax/Address:** [Contact Information]

**RE:** [Patient Name]

**DOB:** [Patient Date of Birth]

**Date of Biopsy:** [Biopsy Date]

Dear Dr. [Physician Last Name],

I am writing to provide follow-up regarding the skin lesion evaluation for our mutual patient, [Patient Name].

**Clinical Presentation:**

The patient presented with a [Description: e.g., pigmented, scaling, or pearly] lesion measuring [Size] located on the [Anatomic Site].

**Procedure:**

A [Type: e.g., Shave, Punch, or Incisional] biopsy was performed on [Date] to rule out [Clinical Suspicion].

**Pathology Results:**

The histopathology report from [Laboratory Name] (Accession #[Number]) indicates:

**Diagnosis:** [Insert Diagnosis]

**Assessment and Plan:**

- **Margin Status:** [Involved / Clear / Close]
- **Recommended Treatment:** [e.g., Wide local excision, topical therapy, observation, or Mohs surgery]
- **Follow-up:** The patient is scheduled for [Procedure/Follow-up Date] at my office.

The patient has been informed of these results and the necessary next steps. Detailed pathology reports are attached for your records.

Thank you for the opportunity to participate in this patient's care. Please contact my office if you have any questions.

Sincerely,

[Your Name, MD/DO]

[Practice Name]

[Phone Number]