

Date: [Date]

Referring Provider: [Name of Original Physician]

Practice Name: [Practice Name]

Address: [Address, City, State, Zip]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Consultation: [Date]

Dear Dr. [Last Name],

I had the pleasure of seeing [Patient Name] in my office today for a second opinion consultation regarding a skin lesion located on the [Specific Anatomical Location].

Clinical History:

The patient reports that this lesion has been present for [Duration]. They sought a second opinion following an initial evaluation on [Date of first evaluation] where the diagnosis of [Initial Diagnosis] was suggested. The patient expresses concerns regarding [Changes in size/color/symptoms].

Physical Examination:

Clinical examination of the [Location] reveals a [Size in mm] [Description: macule/papule/nodule/plaque]. Dermoscopic evaluation shows [Specific Dermoscopic Features, e.g., pigment network, vascular patterns, regression]. No other suspicious lesions were noted during a full-body skin exam.

Assessment/Impression:

Based on the clinical presentation and dermoscopic findings, my assessment is as follows:
[Detailed Assessment/Differential Diagnosis]

Recommendations and Plan:

1. [Procedure Recommended, e.g., Shave Biopsy, Punch Biopsy, or Clinical Observation]
2. [Topical or Systemic Treatments prescribed]
3. [Follow-up interval]

Thank you for involving me in the care of this patient. I have discussed these findings and the proposed management plan with the patient, who is in agreement. A copy of the pathology report will be forwarded to your office once available.

Sincerely,

[Your Signature]

[Your Printed Name, MD/DO]

[Board Certified Dermatologist]

[Clinic Name/Contact Information]