

[Date]

[Consultant Name]

[Consultant Department]

[Consultant Address]

RE: Patient Evaluation for Atypical Nevus

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Consultant Last Name],

I am referring this patient to your clinic for a formal evaluation of a suspicious skin lesion located on the [Anatomic Location, e.g., upper back].

Clinical Findings:

The lesion is a [Size in mm] pigmented macule/papule characterized by:

- Asymmetry: [Yes/No]
- Border Irregularity: [Yes/No]
- Color Variegation: [Describe colors]
- Evolution: [Patient reports recent change/stable]

Medical History:

The patient has a [Personal/Family] history of dysplastic nevi or melanoma. Their skin type is Fitzpatrick Scale [I-VI].

Request:

I am requesting a dermatoscopic examination and a decision regarding the necessity of a diagnostic punch or excisional biopsy. Please provide your recommendations for long-term surveillance or surgical management if malignancy is suspected.

Thank you for your expertise in managing this patient.

Sincerely,

[Referring Physician Name]

[Practice Name]

[Phone Number]