

Date: [Insert Date]

To: [Consultant Name/Specialty]

From: [Referring Physician Name]

Re: [Patient Full Name]

Date of Birth: [Patient DOB]

Subject: Consultation Request for Non-Healing Skin Ulcer

Dear Dr. [Consultant Last Name],

I am referring this patient to your clinic for a formal evaluation and management of a non-healing skin lesion located on the [Specific Body Location].

Clinical History:

- **Duration:** The lesion has been present for approximately [Number] weeks/months.
- **Description:** The ulcer measures [Size in cm] and is characterized by [e.g., irregular borders, purulent drainage, necrotic tissue, or friable base].
- **Symptoms:** The patient reports [e.g., localized pain, itching, or numbness].
- **Previous Treatments:** Management to date has included [e.g., topical antibiotics, specific dressings, or oral medications] with no significant improvement.

Relevant Medical History:

- Diabetes Mellitus: [Yes/No]
- Peripheral Vascular Disease: [Yes/No]
- History of Skin Cancer: [Yes/No]
- Smoking Status: [Current/Former/Never]

Consultation Request:

I would appreciate your expertise in performing a diagnostic biopsy, assessing for underlying malignancy or infection, and recommending an advanced wound care plan.

Attached please find recent laboratory results and clinical photos of the lesion. Thank you for participating in this patient's care.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]