

[Doctor Name]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Referring Physician Name]
[Referring Practice Name]
[Address]

RE: [Patient Name]
DOB: [Date of Birth]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for a urological evaluation regarding [Reason for Referral, e.g., elevated PSA / Lower Urinary Tract Symptoms].

History of Present Illness:

The patient is a [Age]-year-old male who presents with [Symptoms: e.g., nocturia, weak stream, urgency]. His most recent PSA was [PSA Value] on [Date]. He has a family history of [Prostate Cancer History].

Physical Examination:

Digital Rectal Exam (DRE): [Description: e.g., Smooth, non-tender, estimated volume 40g, no nodules felt].

Review of Systems / Relevant History:

[Insert relevant comorbidities or medications such as anticoagulants].

Assessment:

1. [Diagnosis: e.g., Benign Prostatic Hyperplasia (BPH)]
2. [Diagnosis: e.g., Elevated PSA (R97.20)]

Plan:

- Order [Test: e.g., Prostate Ultrasound / MRI / Repeat PSA]
- Start medication: [Medication Name and Dosage]
- Follow up in [Timeframe: e.g., 4 weeks] to review results.

Thank you for the opportunity to participate in this patient's care. I will keep you informed of his progress.

Sincerely,

[Doctor Signature]

[Doctor Name], MD/DO