

Date: [Date]

To: [Referring Physician Name]

Address: [Physician Address]

Fax/Phone: [Physician Contact Information]

RE: [Patient Name]

Date of Birth: [Patient DOB]

Reason for Referral: Elevated PSA

Dear Dr. [Last Name],

I had the pleasure of evaluating [Patient Name] in the Urology clinic today regarding an elevated Prostate-Specific Antigen (PSA) level of [PSA Value] ng/mL, recorded on [Date].

Clinical Findings:

- **Voiding Symptoms:** [Describe symptoms: e.g., frequency, urgency, nocturia, or asymptomatic]
- **Digital Rectal Exam (DRE):** [Describe findings: e.g., smooth, firm, nodules, or estimated size in grams]
- **Relevant History:** [Family history of prostate cancer, previous biopsies, or current medications like Finasteride]

Assessment:

[Patient Name] presents with biochemical evidence of an elevated PSA. This may be related to benign prostatic hyperplasia (BPH), prostatitis, or a potential underlying malignancy.

Plan:

- Repeat PSA with reflex to Free PSA in [Timeframe]
- Transrectal Ultrasound (TRUS) of the prostate
- Multiparametric MRI of the Prostate
- Prostate Biopsy (Fusion or Systematic)
- Course of antibiotics for suspected prostatitis
- Observation and monitoring

I will follow up with the patient once the scheduled diagnostic tests are completed. A formal report of any imaging or pathology will be forwarded to your office.

Thank you for this referral and for participating in the care of this patient.

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

[Department of Urology]