

**Date:** [Date]

**To:** [Referring Physician Name]

**Address:** [Physician Address]

**Fax/Phone:** [Physician Contact Info]

**RE:** [Patient Name]

**DOB:** [Patient Date of Birth]

**Date of Consultation:** [Consultation Date]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] to our urology clinic for the evaluation of Lower Urinary Tract Symptoms (LUTS) suggestive of Benign Prostatic Hyperplasia (BPH).

**History of Present Illness:**

The patient reports symptoms including [frequency, urgency, nocturia, weak stream, or incomplete emptying]. These symptoms have been present for [duration]. Current IPSS (International Prostate Symptom Score) is [Score].

**Physical Examination:**

Digital Rectal Exam (DRE) reveals a prostate that is [estimated size in grams], [firm/boggy/smooth], with [no/present] nodules identified. The neurological exam of the lower extremities is intact.

**Diagnostic Studies:**

- PSA: [Value/Date]
- Urinalysis: [Results]
- PVR (Post-Void Residual): [Volume] ml
- Uroflowmetry (if performed): [Max flow rate] ml/s

**Assessment:**

[Patient Name] is a [Age]-year-old male with symptomatic Benign Prostatic Hyperplasia.

**Plan:**

The following management plan was discussed with the patient:

- [ ] Watchful waiting with lifestyle modifications.
- [ ] Initiation of medical therapy: [Alpha-blocker/5-ARI/Combination].
- [ ] Surgical/Procedural intervention: [TURP/Urolift/Rezum/Greenlight].
- [ ] Further testing: [Cystoscopy/Transrectal Ultrasound].

The patient will follow up with our office in [Time Frame]. We will keep you updated on his progress.

Sincerely,

[Urologist Name], MD  
[Clinic Name]