

Date: [Insert Date]

To: [Referring Physician Name]

Address: [Clinic Address]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

RE: Urology Consultation for Lower Urinary Tract Symptoms (LUTS)

Dear Dr. [Last Name],

Thank you for referring this patient for an evaluation of Lower Urinary Tract Symptoms (LUTS) suggestive of Benign Prostatic Hyperplasia (BPH).

History of Present Illness:

The patient reports a [Duration] history of symptoms including [frequency, urgency, nocturia, weak stream, hesitancy, and incomplete emptying]. Their International Prostate Symptom Score (IPSS) is [Score].

Physical Examination:

Digital Rectal Exam (DRE) reveals a prostate that is [Size: e.g., 40g], [Consistency: e.g., smooth/firm], with [Presence/Absence] of nodules. Neurological exam of the lower extremities is intact.

Diagnostic Results:

- PSA: [Value] ng/mL
- Urinalysis: [Results]
- Post-Void Residual (PVR): [Value] mL
- Uroflowmetry (if performed): [Max Flow Rate] mL/s

Assessment:

[Diagnosis, e.g., Benign Prostatic Hyperplasia with lower urinary tract symptoms].

Plan:

1. [Medication, e.g., Alpha-blocker or 5-ARI trial]
2. [Lifestyle modifications, e.g., fluid restriction at night]
3. [Further testing, e.g., Renal Ultrasound or Cystoscopy if indicated]
4. Follow-up scheduled in [Timeframe].

Please feel free to contact my office if you have any questions regarding this management plan.

Sincerely,

[Urologist Name], MD
Department of Urology