

Date: [Insert Date]

To: [Referring Physician Name]

Address: [Referring Clinic Address]

RE: [Patient Full Name]

DOB: [Patient Date of Birth]

MRN: [Patient Medical Record Number]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for a urological consultation regarding prostate cancer screening and evaluation.

Clinical History:

The patient is a [Age]-year-old male presenting for evaluation due to [Reason for referral: e.g., elevated PSA, abnormal DRE, or family history]. His current PSA is [PSA Value] ng/mL as of [Date]. He reports [Presence/Absence] of lower urinary tract symptoms (LUTS).

Physical Examination:

Digital Rectal Examination (DRE) reveals a prostate that is [Findings: e.g., smooth, firm, nodular, or asymmetric] with an estimated volume of [Size] grams. No suspicious nodules were palpated [or describe findings].

Assessment:

1. [Primary Diagnosis: e.g., Elevated PSA / Benign Prostatic Hyperplasia / Prostate Nodule]
2. [Secondary Findings]

Plan:

Based on today's evaluation, we have discussed the following next steps:

- [] Repeat PSA in [Timeframe]
- [] Prostate MRI (multiparametric)
- [] Prostate biopsy (transrectal or transperineal)
- [] Observation / Active Surveillance
- [] Ancillary biomarker testing (e.g., 4K Score, PHI, SelectMDx)

We will keep you updated on any further test results or biopsy pathology. Please do not hesitate to contact our office if you have any questions.

Sincerely,

[Doctor Name, MD/DO]

[Department of Urology]

[Clinic Name]

[Phone Number]