

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

Date: [Date]

To: [Referring Physician Name]  
Address: [Referring Physician Address]

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

Dear Dr. [Referring Physician Last Name],

I saw [Patient Name] today for a routine follow-up urological evaluation regarding his prostate health.

**Clinical Status:**

The patient reports that his urinary symptoms are currently [stable / improving / worsening]. He specifically notes [mention symptoms like nocturia, flow strength, or urgency].

**Examination and Results:**

- Digital Rectal Exam (DRE): [Findings, e.g., smooth, non-tender, enlarged, or firm nodules]
- PSA (Prostate-Specific Antigen): [Result] ng/mL (Drawn on [Date])
- Post-Void Residual (PVR): [Volume] mL

**Assessment:**

[Patient Name] is currently managing [Benign Prostatic Hyperplasia (BPH) / Elevated PSA / History of Prostate Cancer] and is clinically stable at this time.

**Plan:**

1. Continue current medication: [Medication Name and Dosage].
2. Repeat PSA testing in [Number] months.
3. Follow-up appointment scheduled in [Number] months to monitor progress.

Thank you for the opportunity to participate in the care of this patient. Please contact my office if you have any questions.

Sincerely,

[Doctor Signature]

[Doctor Name, Title]