

Date: [Date]

To: Department of Urology

Consultant: [Name of Consultant, if known]

Facility: [Hospital/Clinic Name]

RE: URGENT REFERRAL - PROSTATE EVALUATION

Patient Name: [Full Name]

Date of Birth: [DOB]

Patient Address: [Address]

Phone Number: [Phone Number]

Hospital/ID Number: [ID Number]

Dear Colleague,

I am writing to urgently refer this patient for a specialist urological consultation regarding suspected prostate pathology.

Clinical Findings:

- **PSA Level:** [Value] ng/mL (Date: [Date])
- **Digital Rectal Exam (DRE):** [e.g., Hard nodule, asymmetrical, or enlarged]
- **Symptoms:** [e.g., Hematuria, urinary retention, nocturia, or weight loss]

Relevant History:

[Briefly mention family history of prostate cancer or previous urological interventions].

Current Medications:

[List medications, specifically noting any anticoagulants or 5-alpha-reductase inhibitors].

The patient has been informed of the clinical suspicion and the urgency of this referral. I would appreciate your expert assessment and further management, including potential biopsy or imaging.

Thank you for your prompt attention to this matter.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Practice Name]
[Contact Information]