

Date: [Date]

Referring Physician: [Referring Doctor Name]

Address: [Referring Doctor Address]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Subject: Second Opinion Consultation for Prostate Evaluation

Dear Dr. [Referring Doctor Last Name],

I had the pleasure of seeing [Patient Name] in my clinic today for a second opinion consultation regarding his prostate health, specifically [Primary Concern: e.g., elevated PSA, abnormal DRE, or localized prostate cancer].

Clinical History:

The patient is a [Age]-year-old male with a history of [Relevant History]. He presents today for a review of his recent findings including a PSA level of [PSA Level] ng/mL and [Summary of previous biopsy or imaging results].

Evaluation & Physical Examination:

On examination, his Digital Rectal Exam (DRE) revealed [Description of findings]. We reviewed the previous [MRI/Biopsy] reports which indicate [Key Findings].

Assessment:

My clinical assessment of [Patient Name] is [Diagnosis/Stage]. We discussed the various management options available, including:

- Active Surveillance
- Robotic-Assisted Radical Prostatectomy
- Radiation Therapy (Proton, Brachytherapy, or SBRT)
- Watchful Waiting

Recommendations & Plan:

After a thorough discussion regarding the risks and benefits of each approach, the following plan was established:

1. [Action Item 1: e.g., Repeat PSA in 3 months]
2. [Action Item 2: e.g., Ordered Decipher genomic testing]
3. [Action Item 3: e.g., Follow up appointment scheduled for [Date]]

Thank you for the opportunity to participate in the care of this patient. I will keep you updated on his progress.

Sincerely,

[Your Name, MD]
[Department of Urology]
[Contact Information]