

**Date:** [Date]

**To:** [Urologist Name]  
[Urology Clinic Name]  
[Address]

**From:** [PCP Name]  
[Primary Care Clinic Name]  
[Phone Number]

**RE:** [Patient Full Name] | **DOB:** [Date of Birth]

Dear Dr. [Urologist Last Name],

I am referring Mr. [Patient Last Name] to your clinic for a formal urological evaluation regarding his prostate health.

**Reason for Referral:**

- Elevated PSA: [Value] ng/mL (Date: [Date])
- Abnormal Digital Rectal Exam (DRE): [Findings]
- Lower Urinary Tract Symptoms (LUTS) / BPH management
- Family history of prostate cancer

**Clinical Presentation:**

The patient reports [describe symptoms, e.g., nocturia, weak stream, urgency, or asymptomatic].

**Relevant Medical History:**

[Insert Brief Medical History/Comorbidities]

**Current Medications:**

[List Medications, especially 5-alpha reductase inhibitors or anticoagulants]

**Attached Documents:**

- Recent Lab Results (PSA, Chemistry, Urinalysis)
- Imaging Reports (if applicable)
- Current Medication List

Thank you for your consultation and for participating in the care of this patient. Please forward your findings and recommended management plan to my office.

Sincerely,

[PCP Signature]  
[PCP Printed Name]