

Date: [Date]

To: [Recipient Name/Specialist Name]

Department: [Department Name, e.g., Oncology]

Facility: [Facility Name]

RE: Patient Referral and Biopsy Results

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Recipient Name],

I am referring this patient to your care following the results of a surgical biopsy performed on [Date of Procedure] at [Facility Name].

Procedure Details:

The patient underwent a [Type of Biopsy, e.g., Excisional/Incisional] biopsy of the [Anatomical Location]. The procedure was indicated due to [Reason for Biopsy/Clinical Findings].

Pathology Results:

The pathology report, dated [Report Date], indicates the following findings:
[Insert Summary of Diagnosis/Findings, e.g., Invasive Ductal Carcinoma, Grade 2].

Clinical Status:

Currently, the patient is [Stable/Recovering] post-operatively. They have been informed of these results and are aware of this referral for further [Evaluation/Treatment/Management].

Attached Documentation:

- Pathology Report
- Operative Note
- Recent Imaging Results (if applicable)
- Relevant Lab Work

Thank you for coordinating the next steps in this patient's treatment plan. Please contact my office at [Phone Number] if you require any additional information.

Sincerely,

[Your Name/Signature]

[Title/Position]

[Organization Name]