Date: [Date]

To: [Urologist Name]
Clinic Name: [Clinic/Hospital Name]
Address: [Clinic Address]

RE: Referral for Elevated PSA

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Phone: [Phone Number]

Dear Dr. [Urologist Last Name],

I am referring this patient to your care for further evaluation of an abnormal Prostate Specific Antigen (PSA) test result.

Clinical Findings:

- **Latest PSA Level:** [Value] ng/mL (Tested on [Date])
- **Previous PSA Level (if any):** [Value] ng/mL (Tested on [Date])
- **Digital Rectal Exam (DRE) Findings:** [Normal / Enlarged / Nodular / Not Performed]
- **Symptoms:** [e.g., Urinary frequency, nocturia, or Asymptomatic]

Relevant Medical History:
[Brief history of prostate issues, family history of prostate cancer, or relevant medications like Finasteride].

Please evaluate the patient for further diagnostic steps, such as a repeat PSA, MRI, or biopsy as clinically indicated. We have attached the recent lab reports and clinical notes for your review.

Thank you for your assistance in this patient's care.

Sincerely,

[Referring Physician Signature]
[Referring Physician Name]
[Practice Name]
[Contact Information]