Date: [Date]

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

To: [Urologist Name/Clinic Name]
Fax/Address: [Urologist Contact Information]

RE: Referral for Elevated PSA (Prostate-Specific Antigen)

Dear Dr. [Urologist Last Name],

I am referring [Patient Name] for a urological evaluation due to elevated PSA levels. Below are the recent laboratory results:

- **Most Recent PSA:** [Value] ng/mL (Date: [Date])
- **Previous PSA:** [Value] ng/mL (Date: [Date])
- **Free PSA (if applicable):** [Value]%

Clinical Findings:
Digital Rectal Exam (DRE) results: [Normal / Enlarged / Nodular / Not Performed]
Relevant symptoms: [e.g., Nocturia, urinary frequency, or Asymptomatic]

Relevant Medical History:
[Briefly list history of BPH, prostatitis, or family history of prostate cancer]

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

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

Sincerely,

[Referring Physician Name]
[Clinic Name]
[Phone Number]