

[Doctor Name/Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

Dear [Patient Name],

This letter is to follow up on your recent annual mole assessment performed on [Date of Exam].

**Assessment Results:**

All moles and skin lesions examined appeared stable and benign at this time. No further action is required until your next routine screening.

A specific area of concern was noted: [Description of area]. We have recommended [Biopsy/Monitoring/Specialist Referral].

**Next Steps:**

Please continue to perform monthly skin self-exams. If you notice any changes in the size, shape, or color of a mole, or if a lesion begins to itch, bleed, or crust, please contact our office immediately to schedule an appointment.

Your next annual skin check is due in [Month/Year]. Our office will contact you to schedule this appointment, or you may call us at [Phone Number].

Thank you for choosing us for your dermatological care.

Sincerely,

[Doctor Signature]  
[Doctor Printed Name]