

Date: [Insert Date]

To: [Consultant Name/Department]

Clinic: [Dermatology Clinic Name]

Address: [Clinic Address]

RE: Patient Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Dear Dr. [Consultant Last Name],

I am writing to formally refer this patient for a specialist dermatology consultation regarding [Briefly state main concern, e.g., a persistent skin lesion/widespread rash].

Clinical History:

[Describe duration of symptoms, location on the body, and any progression observed.]

Current Symptoms:

[List symptoms such as itching, bleeding, pain, or changes in color/size.]

Previous Treatments:

[List any topical creams, oral medications, or therapies already tried and the patient's response.]

Medical History & Allergies:

[Include relevant comorbidities and known drug allergies.]

Current Medications:

[List all current medications.]

Thank you for your assistance in reviewing this patient. Please contact my office if you require any further information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Designation/Title]

[Practice Name/Address]