

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

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

Subject: Reminder - Routine Dermatology Referral

Dear [Patient Name],

This letter is a friendly reminder regarding the routine dermatology referral issued by [Doctor Name] on [Date of Original Referral] for the evaluation of [Reason for Referral, e.g., skin check/mole evaluation].

Our records indicate that we have not yet received a consultation report from a specialist. If you have already scheduled or attended this appointment, please let our office know so we can update your medical records.

If you have not yet scheduled your appointment, we recommend contacting a dermatology clinic of your choice. If you require a list of local providers or need a copy of your referral authorization, please contact our office at [Phone Number].

Regular skin evaluations are an important part of your preventative healthcare. We look forward to hearing from you.

Sincerely,

[Doctor Name/Office Manager]
[Practice Name]