

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

To: [Insert Referring Physician Name]

Subject: Biopsy Pathology Consultation Summary

Dear [Physician Name],

This letter provides a summary of the pathology consultation regarding the biopsy performed on [Date of Procedure].

Procedure Site: [Insert Anatomical Location]

Clinical Indication: [Insert Brief Clinical Reason for Biopsy]

Pathology Findings:

- **Specimen Type:** [e.g., Punch Biopsy, Fine Needle Aspiration, Core Biopsy]
- **Primary Diagnosis:** [Insert Specific Diagnosis]
- **Microscopic Description:** [Insert Summary of Findings, e.g., cell type, inflammation, malignancy status]
- **Grade/Stage (if applicable):** [Insert Grade or Stage]
- **Margins:** [Clear / Involved / N/A]

Consultant Comments:

[Insert additional notes regarding immunohistochemistry stains, molecular testing, or specific diagnostic nuances.]

Recommendations:

Based on these findings, the following next steps are suggested:

[Insert Recommendations, e.g., Surgical excision, clinical follow-up in 6 months, or specific treatment initiation.]

If you have any questions regarding this report, please contact my office at [Insert Phone Number].

Sincerely,

[Pathologist Signature]

[Pathologist Printed Name]

[Department/Facility Name]