

*[Practice Name]*  
*[Practice Address]*  
*[Phone Number] \ [Fax Number]*

---

**Date:** *[Date]*

**RECIPIENT:**

*[Referring Provider Name]*  
*[Facility Name]*  
*[Facility Address]*

**PATIENT INFORMATION:**

**Name:** *[Patient Full Name]*  
**DOB:** *[Date of Birth]*  
**Insurance:** *[Insurance Provider / ID]*

Dear *[Provider Name]*,

On behalf of *[Dermatologist Name]*, I am writing to formally refer the above-named patient to your office for *[Reason for Referral/Specialty Requested]*.

**Clinical Indications:**

*[Brief description of clinical findings, site of lesion, or diagnosis code]*

**Urgency:** *[Routine / Urgent / Stat]*

We have included the following documentation for your review:

- Recent Clinical Notes
- Pathology / Lab Results
- Current Medication List
- Insurance Authorization (if applicable)

Please contact our office at *[Phone Number]* once the appointment has been scheduled or if additional information is required.

Sincerely,

*[Medical Assistant Name]*  
Medical Assistant to *[Dermatologist Name]*