

## Letter to PCP, No Additional Care after Skin Cancer Screening Needed

[Physician]  
[Program or Practice]  
[Address Line 1]  
[Address Line 2]  
[City, State Zip Code]

Date:

Dear [Name of PCP]:

We recently had the pleasure of seeing your patient, [patient name, DOB] at the Skin Cancer Screening Clinic at the [program or practice].

The purpose of our clinic is to evaluate patients for skin cancer, and to provide options for definitive treatment of their skin cancer, if needed.

Based on our examination, your patient has required no additional diagnostic techniques, such as biopsy or excision. However, we recommend that all patients remain vigilant in regards to their skin health, and seek expert consultation if they become suspicious or concerned.

Thank you so much for you cooperation. Please contact us with any questions at [insert phone number.]

Sincerely,

[Physician]

MD Name  
MD Practice Name  
MD Address 1  
MD Address 2  
City, State, Zip Code

Date:

Dear MD Name:

We recently had the pleasure of seeing your patient {Insert Patient Name} at the Skin Cancer Screening Clinic at the Thomas Johns Cancer Center.

The purpose of our clinic is to evaluate patients for skin cancer, and to provide options for definitive treatment of their skin cancer, if needed.

Based on our examination, your patient required no additional diagnostic techniques, such as biopsy or excision. However, we recommend that all patients remain vigilant in regards to their skin health, and seek expert consultation if they become suspicious or concerned.

Thank you so much for your cooperation. Please contact us with any questions at (804) 330-2373.

Sincerely,

John W. Turner, MD, FCAP  
Tricia Cox, RN, ANP