

## Letter to PCP Recommending Additional Care after Skin Cancer Screening

[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 been referred for further evaluation, biopsy, or removal of some areas of concern. In some cases, this may require your approval for this additional visit to take place, so your cooperation would be helpful in this regard. Your office will be copied on all additional reports from the referring physician's office and pathology, if necessary.

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

Sincerely,

[Physician]