*(Date)*

*Primary Physician’s Name*

*Primary Physician’s Address*

Dear Dr. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**:

I had the pleasure of seeing a mutual patient, *(patient’s name),* in the office on *(date of office visit – MUST BE WITHIN ONE MONTH OF WRITING THIS LETTER).* After reviewing the medical history and clinical findings, I diagnosed *(patient’s name)* with melanoma.

Please note that I have formulated a treatment plan for *(patient’s name)* and documented the following issues:

* The patient has a tumor thickness the size of *\_\_\_\_\_\_\_\_*
* The patient has been informed of their diagnosis of melanoma
* The patient has been informed of their treatment plan which is noted below

Treatment Plan:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will follow up with our patient to assess the progress made. As you know, patients who have one melanoma have an increased risk of developing other melanomas. I have impressed upon (patient’s name) the importance of a life-long annual skin exam to ensure early detection of any new melanomas. Thank you for your confidence in me and my staff. Please call me if you have any questions regarding this case.

Warm Regards,

*(Physician’s Name)*

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