

**Discharge to GP Care:
Melanoma**

Re: Patient _____
ID _____

Date: _____

Dear Dr. _____

In _____ Month _____ Year the above-mentioned patient was diagnosed with Melanoma on the
_____ Anatomical Site _____.

- Breslow's Thickness of _____ mm N/A
- Clark's Level _____ N/A
- Sentinel Lymph Node Biopsy (SLNB): Positive Negative
- Block Dissection: Right Left
- Cervical Axilla Groin

Follow-up was carried out according to protocol and no local or systemic recurrence was noted hence the patient is now discharged from the Plastic Surgery Outpatients department.

Further follow-up at Outpatients is not a must but it would be in the patient's best interest if you would kindly review the patient annually. Of interest in melanoma are:

1. **Visual scanning of the skin for worrying naevi**
2. **Enlarged lymph nodes** (particularly draining the site of previous melanoma excision)
3. **Organomegaly** (especially hepatomegaly)

If any patients need further assessment or surgical removal they may be referred back to dermatology or Plastic Surgery outpatients as you deem fit.

Thank you for your support.

Yours Sincerely,