Dr. XXXXXX

Anytown Surgery

Great Well

Happyville

HY1 4HP

Date

Dear Doctor XXXXXX

**Re: DOB: / / .**

**Address:**

**Problem:**

I saw the above patient today who presented with discoloured and dystrophic toenails consistent with onychomycosis.

I confirmed the presence of a nail infection in the affected toenails using an immuno-chromotographic test for dermatophytes which has shown to be 95% accurate in detecting dermatophyte nail infection (using the Dermatophyte Test Strip (1)). Consequently, I have advised the following treatment and will review her again in XX weeks.

**Treatment Plan:**

Yours sincerely

HCPC Registered Podiatrist

cc. Patient

1. Tsunemi Y, Takehara K, Miura Y, Nakagami G, Sanada H, Kawashima M. Screening for tinea unguium by Dermatophyte Test Strip. Br J Dermatol. 2014;170(2):328-31.