

FAX REFERRAL REQUEST

LESLIE STOREY, MD - BOARD CERTIFIED DERMATOLOGIST PROVIDING:
General Dermatology • Pediatric Dermatology • Cosmetic Dermatology
Mohs Micrographic Surgery • Dermatologic Surgery



Referrals can be made by faxing this form to **FAX 559-412-7266** or calling 559-472-SKIN (7546)

Date: _____ Number of Pages: _____

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation for: _____

Diagnosis: _____

REQUIRED PATIENT INFORMATION

- Copy of Referral
- Copy of Insurance Card and Demographic Sheet
- Last Chart Notes

If referral is for Mohs surgery, please also provide:

- Anatomical Site(s): _____
- Diagnosis/ses: _____
- Copy of Pathology Report(s)
- FedEx glass slide(s) of Biopsy Specimen(s)

NOTE: All information is needed to schedule an appointment.

Special Instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____

Contact Person: _____