FAX REFERRAL REQUEST

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

VALLEY SKIN INSTITUTE

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: _____

Valley Skin Institute • Leslie Storey, MD - Board Certified Dermatologist
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