

# Dermatology Referral

## PATIENT INFORMATION

Patients Name: \_\_\_\_\_  M  F

D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## INSURANCE INFORMATION

Insurance ID No.: \_\_\_\_\_ (please check off insurance)

- |                                    |  |                                      |                                       |
|------------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Aetna     | <input type="checkbox"/> HIP               | <input type="checkbox"/> Affinity    | <input type="checkbox"/> Healthfirst  |
| <input type="checkbox"/> Cigna     | <input type="checkbox"/> Medicare          | <input type="checkbox"/> Americhoice | <input type="checkbox"/> HealthPlus   |
| <input type="checkbox"/> Empire    | <input type="checkbox"/> Oxford            | <input type="checkbox"/> Amerigroup  | <input type="checkbox"/> MetroPlus    |
| <input type="checkbox"/> GHI       | <input type="checkbox"/> United Healthcare | <input type="checkbox"/> Fidelis     | <input type="checkbox"/> Neighborhood |
| <input type="checkbox"/> HealthNet | <input type="checkbox"/> Other: _____      |                                      |                                       |

## REASON FOR REFERRAL

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Acne              | <input type="checkbox"/> Fungal Infection | <input type="checkbox"/> Neoplasm           | <input type="checkbox"/> Warts               |
| <input type="checkbox"/> Acne scar         | <input type="checkbox"/> Growths          | <input type="checkbox"/> Port Wine Stain    | <input type="checkbox"/> Biopsy              |
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Hives/Urticaria  | <input type="checkbox"/> Pruritus           | <input type="checkbox"/> Laser therapy       |
| <input type="checkbox"/> Alopecia          | <input type="checkbox"/> Hyperhidrosis    | <input type="checkbox"/> Psoriasis          | <input type="checkbox"/> Patch testing       |
| <input type="checkbox"/> Atopic Dermatitis | <input type="checkbox"/> Insect bites     | <input type="checkbox"/> Rash               | <input type="checkbox"/> Phototherapy        |
| <input type="checkbox"/> Condylomata       | <input type="checkbox"/> Keloid           | <input type="checkbox"/> Seborrhea          | <input type="checkbox"/> Skin cancer surgery |
| <input type="checkbox"/> Cyst              | <input type="checkbox"/> Melasma          | <input type="checkbox"/> Skin cancer        | <input type="checkbox"/> Total skin exam     |
| <input type="checkbox"/> Dyshidrosis       | <input type="checkbox"/> Molluscum        | <input type="checkbox"/> Skin discoloration |  |
| <input type="checkbox"/> Eczema            | <input type="checkbox"/> Nail disorder    | <input type="checkbox"/> Vitiligo           |  |
| <input type="checkbox"/> Other _____       |   |   |  |
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## REFERRED TO:



500 Grand Ave., Suite 201, Englewood, NJ 07631 (201)886-9000 Fax: (201)227-1789  
1-61 Kissena Blvd., Suite 5A, Flushing, NY 11355 (718)886-9000 Fax: (718)961-0666  
220 East 161<sup>st</sup> Street, Bronx, NY 10451 (718)292-9197 Fax: (718) 292-4429  
40-12 80<sup>th</sup> St ,Elmhurst , NY 11373 (718)886-9000 Fax: (718)961-0666