ADVANCED DERMATOLOGY & SKIN CARE CENTRE

DERMATOLOGY REFERRAL FORM

Date: _____

REFERRING PROVIDER INFORMATION	
Referring Provider Name:	
Referring Provider Phone Number:	Fax Number:
Clinic Address:	
PATIENT INFORMATION	
Patient Name:	
Phone Number:	Cell Phone Number:
Street Address:	City, State, Zip:
Date of Birth:	Insurance:
DERMATOLOGY CLINIC LOCATION REQUESTED (circle one)	
Alabama Clinics: ○ Mobile ○ Daphne ○ Bay Minette	
Florida Clinics: ○ Miramar Beach (Destin) ○ Niceville ○ Panama City ○ Panama City Beach	
REFERRAL INFORMATION	
Reason for referral: ☐ Dermatology Issue: _____ _____ ☐ Mohs Surgery Referral: _____ _____	

Fax the completed referral form and any clinical notes to:

- Alabama clinics: 251-631-3572 (fax)
- Florida clinics: 850-266-6301 (fax)

Contact our clinic if any questions at:
Toll free: 1-855-693-3763
Alabama clinic's main phone: (251) 631-3570
Florida clinic's main phone: (850) 502-5989