



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:	
<input type="radio"/> Mobile	Office Line (251)631-3570 Fax (251)631-3572
<input type="radio"/> Daphne South/County Road 64	Office Line (251)621-2244 Fax (251)621-7209
<input type="radio"/> Daphne North/Anchor Cross Blvd	Office Line (251)631-3570 Fax (251)631-3572
<input type="radio"/> Bay Minette	Office Line (251)631-3570 Fax (251)631-3572
Florida Clinics: Office Line (850) 502-5989 Fax (850)266-6301	
<input type="radio"/> Miramar Beach (Destin)	<input type="radio"/> Panama City
<input type="radio"/> Niceville	<input type="radio"/> Panama City Beach
REFERRAL INFORMATION	
<i>Fax the completed referral form and any clinical notes</i>	
Reason for referral:	

Thomas Bender MD	Ronald Johnston MD	Alan Stanford MD
Virginia Reeder MD	Robin Fleck MD	William Henghold MD
Greg Sharp PA-C	Jessica Davis PA-C	Kellie Toth PA-C

Contact our clinic if any questions at:
Toll free: 1-855-693-3763

CONFIDENTIALITY NOTICE WHEN FORM FILLED-IN/COMPLETED: This form when completed and any accompanying information/documents are confidential and may contain privileged information intended only for the named recipient(s) at Advanced Dermatology and Skin Care Centre. If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this information is strictly prohibited. If you receive any document(s) in error, or are not the named recipient(s), please notify Advanced Dermatology at the above phone number, and immediately destroy the document(s) in any form. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney client, work product, or other applicable privilege.