

EVOLVE

DERMATOLOGY

Mohs Surgery External Referral Form

Hello,

Thank you for choosing to refer your patient to Evolve Dermatology. The patient will be referred directly to Dr. Joan Fernandez who is a fellowship-trained Mohs surgeon, and your patient will return to your care after treatment. To start the referral process, please complete and fax or securely e-mail this referral with supporting documents to our office. If you have any questions at all, please do not hesitate to call our office, and we will be more than happy to help facilitate the referral process. We look forward to taking excellent care of your patient.

Forney Office:

Phone: 214-550-9230

Fax: 214-550-9233

E-mail: forney@evolvederm.com

Referral Guidelines

Items we need in order to schedule and treat the patient:

- Patient's demographics (first and last name, phone number, address)
- Patient's insurance information (picture of insurance card- front and back)
- Biopsy pathology report
- Picture of the biopsy site (preferably with identifying marker)
- Relevant chart note(s)

Referral Information

Referring Provider: _____ Address: _____

Phone Number: _____ Fax Number: _____

Diagnosis: _____ Site/ Location: _____

Size (mm): _____

Diagnosis: _____ Site/ Location: _____

Size (mm): _____

NOTES:

Evolve Dermatology-Forney
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