

Date: _____

PATIENT REFERRAL FORM REQUIRED

Laura Tamburin, MD ___ Tonia Ruddock, MD ___ Dana Culpepper, PA-C ___ Kelli Heer, PA-C ___

First Available ___

DO NOT SEND VISIT NOTES
Send only facesheet and relevant path reports

Referring Provider: _____ City/State: _____

Phone: _____ Fax: _____

Office Contact: _____

PATIENT INFORMATION

Patient Name : _____ Date Of Birth: _____

SSN: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____

INSURANCE INFORMATION

Insurance: _____ Member ID: _____

Group #: _____ Name of Insured: _____ DOB of Insured: _____

2nd Insurance: _____ Member ID: _____

Group #: _____ Name of Insured: _____ DOB of Insured: _____

Reason for Referral: _____

Please complete this form in its entirety and return it via email to nurse@dermdothan.com or fax to 334-218-0382. A scheduler will contact the patient regarding the appointment. For questions regarding referrals, you may speak with our referral specialist at 334-828-7546, extension # 1. If you have direct mail, please send to jpenley@dermdothan.emadirect.md.

Thank you for choosing Dermatology & Skin Health of Dothan!