



Corey L. Hartman, MD, FAAD  
Rayna M. Dyck, MD, FAAD  
Deborah H. Youhn, MD, FAAD  
Brittany Rigsby, CRNP  
Alison Hayes, CRNP

## Referral Request Form

Referring physician: \_\_\_\_\_

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred Physician \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt/Ste # \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Primary Diagnosis/Complaint \_\_\_\_\_

**The following must be submitted before appointment can be scheduled:**

- Copy of insurance cards (front and back)
- Demographics
- Exam and pathology notes relating to the patient's current issue

**Please check one:**

Scheduled patient appointment for **Date** \_\_\_\_\_ and **Time** \_\_\_\_\_

Please contact patient to schedule appointment.

**Homewood**  
T: 205.871.7332  
F: 205.871.7336  
3415 Independence Dr, Suite 200  
Birmingham, AL 35209

**Chelsea**  
T: 205.678.7518  
F: 205.677.2079  
398 Chesser Dr, Suite 6  
Chelsea AL 35043

info@skinwellness.com  
skinwellness.com