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## 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

**Greystone**  
T: 205.678.7518  
F: 205.677.2079  
5406 US-280, Suite A-100,  
Birmingham, AL 35242

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