



Corey L. Hartman, MD, FAAD
Rayna M. Dyck, MD, FAAD
Kathryn O. Luckett, MD, FAAD
Brittany Rigsby, CRNP
Alison Hayes, CRNP
Michelle Dumestre, PA-C

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

info@skinwellness.com
skinwellness.com