



Corey L. Hartman, MD, FAAD
Rayna M. Dyck, MD, FAAD
Sophie Wang, 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