Corey L. Hartman, MD, FAAD
Rayna M. Dyck Richardson, 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