



Dermatology and Allergy Consult Request Form

Patient's Name _____

DOB ____/____/____ Patient's Home Phone _____

Contact Person if other than patient _____

Patient's Insurance Name** _____

Policy No. _____

Reason for visit _____

URGENT MOHS ROUTINE

Referring Clinic Information

Provider Requesting Consult _____

Office Phone _____

Office Fax _____

AUTHORIZED SIGNATURE (REQUIRED) _____

Please Check Preferred Location and Fax to Number

- | | |
|--|--|
| <input type="checkbox"/> Aberdeen..... 503-362-8435 | <input type="checkbox"/> McMinnville 503-362-8435 |
| <input type="checkbox"/> Albany 503-362-8435 | <input type="checkbox"/> Mercer Island 206-525-1169 |
| <input type="checkbox"/> Anacortes..... 360-428-4227 | <input type="checkbox"/> Newport..... 503-362-8435 |
| <input type="checkbox"/> Astoria..... 503-362-8435 | <input type="checkbox"/> Seattle U Village..... 206-525-1169 |
| <input type="checkbox"/> Bellevue 425-646-2965 | <input type="checkbox"/> Seattle Northgate..... 206-859-5776 |
| <input type="checkbox"/> Bellingham North..... 425-939-0807 | <input type="checkbox"/> Mill Creek..... 425-939-0807 |
| <input type="checkbox"/> Bellingham South 360-746-2382 | <input type="checkbox"/> Monroe 425-939-0807 |
| <input type="checkbox"/> Centralia..... 503-362-8435 | <input type="checkbox"/> Mount Vernon..... 360-428-4227 |
| <input type="checkbox"/> Corvallis 503-362-8435 | <input type="checkbox"/> Olympia 503-362-8435 |
| <input type="checkbox"/> Coupeville 360-428-4227 | <input type="checkbox"/> Port Angeles 360-994-4975 |
| <input type="checkbox"/> Edmonds 206-525-1169 | <input type="checkbox"/> Poulsbo 360-994-4975 |
| <input type="checkbox"/> Eugene 503-362-8435 | <input type="checkbox"/> Renton 206-859-5776 |
| <input type="checkbox"/> Everett..... 425-939-0807 | <input type="checkbox"/> Salem 503-362-8435 |
| <input type="checkbox"/> Federal Way..... 206-859-5776 | <input type="checkbox"/> Shelton 503-362-8435 |
| <input type="checkbox"/> Gresham..... 503-362-8435 | <input type="checkbox"/> Smokey Point..... 425-939-0807 |
| <input type="checkbox"/> Keizer..... 503-362-8435 | <input type="checkbox"/> Sequim 360 994-4975 |
| <input type="checkbox"/> Longview 503-362-8435 | <input type="checkbox"/> Vancouver 503-362-8435 |
| | <input type="checkbox"/> Woodburn 503-362-8435 |

Along with this form, please fax a copy of patient demographics, copy of insurance card, recent chart notes pertaining to the visit, plus any lab/path reports to the number above.

****Please also include if applicable: all necessary referral info including consult, diagnostics, surgery, referral number, and number of visits. ****