Associates In Dermatology, PLLC
3810 Springhurst Blvd. Suite 200
Louisville, KY 40241
Phone: (502) 583-1749 Fax: (502) 276-9238

REFERRAL FOR APPOINTMENTS WITH ASSOCIATES IN DERMATOLOGY

****Please complete this form and fax it back to the Referrals Dept. at 502-276-9238.**
If you have direct mail you can send the referral to Referrals@assocderm.emadirect.md
We will contact the patient to schedule the appointment and fax back the details.

PATIENT NAME:_____ DOB:_____

PRIMARY PHONE #: _____ GENDER: _____

ADDRESS: _____

GUARANTOR NAME & DOB: _____

RACE, ETHNICITY & LANGUAGE: _____

INTERPRETER NEEDED? _____

PRIMARY INSURANCE: _____

ID NUMBER: _____ GROUP: _____

SUBSCRIBER NAME & DOB: _____

SECONDARY INSURANCE: _____

ID NUMBER: _____GROUP: _____

REFERRING PHYSICIAN NAME:_____

REFERRING PHYSICIAN NPI#: _____

PHONE: _____ FAX: _____

PRIMARY CARE PHYSICIAN NAME: _____
PRIMARY CARE PHYSICIAN NPI#: _____
PRIMARY CARE PHONE: _____ FAX:_____

DIAGNOSIS/REASON FOR REFERRAL: _____

URGENT APPT (Y/N) : _____

***IF MARKED URGENT, PLEASE SEND COPY OF MEDICAL RECORDS WITH REFERRAL

APPT PREFERENCES: _____