SWANN DERMATOLOGY PARTNERS

Referral Form

Fax this form along with referral and any related pathology results/office notes to SGF/Monett/Lebanon (417) 889-0476 or Hollister (417) 690-3862

Circle referral location:	Springfield	Hollister	Lebanon	Monett
Circle referral type:	Surgery	General Dermatology	PDT	Laser/ Cosmetic

Please check for specific provider

☐ **Michael H. Swann, MD** ☐ **Brett C. Neill, MD** ☐ **Michael Kremer, MD**

☐ **Autumn Bertholdi, PA-C** ☐ **Patsy Duggan, PA-C** ☐ **Hannah Lee, NP-C** ☐ **Lori Miller, NP-C**

☐ **brooklyn fort, np** ☐ **First available**

Referring Provider_____ Referring Phone #_____ Referring Date_____

Patient Name_____ DOB_____ SSN_____

Patient Address_____

Patient Phone #_____ Primary Care Physician_____

Primary Insurance/Secondary Insurance _____

TO BE FILLED OUT BY REFERRING PROVIDER:

	location	diagnosis/complaint	(comments)	☐ check if lesion has not been biopsied
1.				
2.				
3.				

☐ Not on blood thinners

☐ On blood thinners_____