



SWANN  
DERMATOLOGY  
PARTNERS

A FOREFRONT DERMATOLOGY PRACTICE

## REFERRAL FORM

**Fax this form along with referral and any related pathologyy results/office notes to:**  
**Springfield/Monett: (417) 889-0476   Hollister (417) 690-3862   Lebanon (417) 344-7299**

**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       MICHAEL KREMER, MD  
 AUTUMN BERTHOLDI, PA-C       PATSY DUGGAN, PA-C       HANNAH LEE, NP-C       LORI MILLER, NP-C  
 BROOKLYN FORT, NP       LAUREN COPP, PA-C       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:**

	<b>location</b>	<b>diagnosis/complaint</b>	<b>(comments)</b>	<input type="checkbox"/> <b>check if lesion has not been biopsied</b>
1.				
2.	<b>location</b>	<b>diagnosis/complaint</b>	<b>(comments)</b>	<input type="checkbox"/> <b>check if lesion has not been biopsied</b>
3.	<b>location</b>	<b>diagnosis/complaint</b>	<b>(comments)</b>	<input type="checkbox"/> <b>check if lesion has not been biopsied</b>

**Not on blood thinners**  
 **On blood thinners**