

- MD Only
- 1st Available



# ALABAMA

— DERMATOLOGY —  
AND SKIN SPECIALISTS

- Urgent
- Routine

- 2045 Cecil Ashburn Drive SE, Suite 201 Huntsville, AL 35802
  - 22281 AL Hwy 72, Suite A Athens, AL 35613
  - 24961 Hwy 72E, Suite A Scottsboro, AL 35769
- Phone 256-925-3376 Fax 256-216-4290

- John Evans, MD    Hannah Ray, CRNP    Brigett Payne, CRNP    Mary Alden Jenkins, PA    Hannah Brocato, CRNP

### Patient Referral Form

**Referring Clinician Contact Information** *(please write clearly on the form. If print is not legible, it delays the scheduling process)*

Date \_\_\_\_\_ Referring Clinician \_\_\_\_\_  
 NPI# \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Reason for Consult \_\_\_\_\_

#### Patient Information

Patient Name \_\_\_\_\_  
 DOB \_\_\_\_\_ SSN \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

#### Insurance Information

Primary Insurance Company \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group# \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_ Relationship to PT \_\_\_\_\_  
 Policy Holder DOB \_\_\_\_\_ SSN# \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Secondary Insurance Company \_\_\_\_\_  
 Policy# \_\_\_\_\_ Group# \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_ Relationship to PT \_\_\_\_\_  
 Policy Holder DOB \_\_\_\_\_ SSN# \_\_\_\_\_ Male/Female \_\_\_\_\_

#### REQUIRED INFORMATION

**Clinician Progress Notes**  
**Copy of Insurance Cards**  
 \*Insurance Referral, if required (i.e. BCBS, Tricare, etc.)

**Please attach medical records with this request. If we don't receive records, it could delay scheduling of the appointment.**  
*There is a \$75.00 no show fee for all appointments not canceled within 2 business days. Our office will contact the patient to schedule the appointment and fax back this form to your office so that the referring doctor is aware of the appointment date and time. Our office will make 2 attempts to reach the patient and will hold the referral for up to 3 months. The patient will receive a reminder call at least 2 days prior to their appt.*

**The Patient Listed above has been scheduled with**

Date \_\_\_\_\_ Time \_\_\_\_\_ Arrival \_\_\_\_\_

**DIRECT MESSAGING ALSO AVAILABLE AT [alderm@alderm.emadirect.md](mailto:alderm@alderm.emadirect.md)**