**Referral Form**

Thank you for entrusting us with your patient’s care!

We aim to make this process efficient for both you and your patients…

Please send us this completed form contianing **THE 4 P’s!**

**P**atient, **P**hone Number, **P**athology Report, & **P**ictures

**Patient’s Name / DOB:**

**Patient’s Phone Number(s):**

**Pathologic Diagnosis (please attach report to fax or email):**

**Anatomic Site (please attach pictures to fax or email):**

Refer For:  Mohs  Excision  Biopsy  Other

**Referring Provider:**

**Referral Notes:**

Fax #: **(313) 789-1671** OR Email: [**Refer@derminstitutedetroit.com**](mailto:Refer@derminstitutedetroit.com)