

FAX REFERRAL REQUEST

Referrals can be made by faxing this form or calling the office.

Date: _____ Number of Pages: _____

First Available Provider

Luis Dehesa, MD
General Dermatology
Board Certified Mohs Surgery

Greg Simpson, MD
Pediatric Dermatology
General Dermatology

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation for: _____

Diagnosis: _____

REQUIRED PATIENT INFORMATION

- Copy of Referral
- Copy of Insurance Card and Demographic Sheet
- Last Chart Notes
- If referral is for Mohs surgery, please provide:
 - Anatomical Site(s): _____
 - Diagnosis/ses: _____
 - Copy of Pathology Report(s)
 - FedEx glass slide(s) of biopsy specimen(s)

NOTE: All information is needed to schedule an appointment.

Special Instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

Board Certified Dermatologists providing:

General Dermatology ■ Pediatric Dermatology ■ Cosmetic Dermatology
 Mohs Micrographic Surgery ■ Dermatologic Surgery ■ Phototherapy

Thank you very much for referring your patient to our office.

***** INTERNAL USE ONLY *****

Appointment Date: _____ Time: _____ Contact Person: _____

Patient Name: _____

You have an appointment with Dr. _____

Inspire Health Medical Group - Dermatology

2335 E. Kashian Lane, Suite 410, Fresno, CA 93701

Inspire Health Dermatology is located on the 4th floor of the East Medical Plaza, which is located on Community Regional Medical Center's campus in Downtown Fresno.

When traveling south on Highway 41, use the Divisadero Street exit. When traveling north on Highway 41, use the Tulare Street exit. Divisadero Street turns into Kashian Lane at Fresno Street.

Complimentary Parking is available in the East Medical Plaza Parking Garage, which is located north of the East Medical Plaza on Wayte Lane. Bring your parking slip with you to your appointment to have it validated.

559.266.4100 // 559.266.4199 fax

Monday Tuesday Wednesday Thursday Friday

_____ AM / PM

