



Idaho Skin Surgery Center, P.C.

Mohs micrographic & dermatologic surgery

Jared Scott, M.D.

Patient Referral Form—Please fax to (208) 433-1115

From: _____ # of pages (w/ cover) ____

Re: Patient: _____ DOB: _____

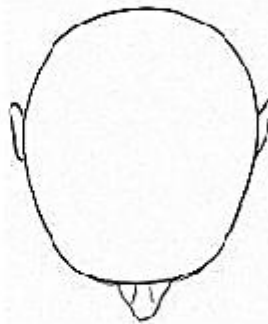
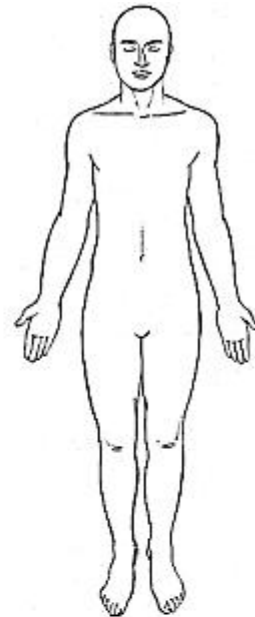
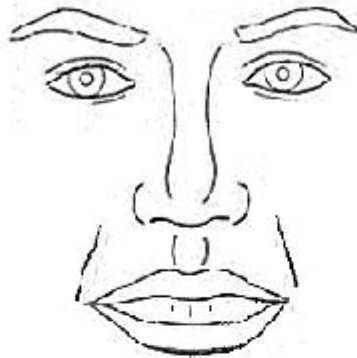
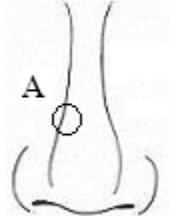
Included: Office notes Pathology Results Patient Demographics

#	Site	Dx	Size
A			
B			
C			

Comments:

Rev. 07/01/2013

Example:



(back of R ear)

(R ear)

(L ear)

(back of L ear)