

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

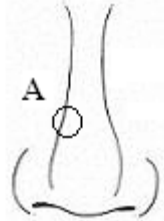
Referring Provider/Office: _____ # of pages (w/ cover) _____

RE: Patient: _____ DOB: _____

Included: Office notes Pathology Results Patient Demographics

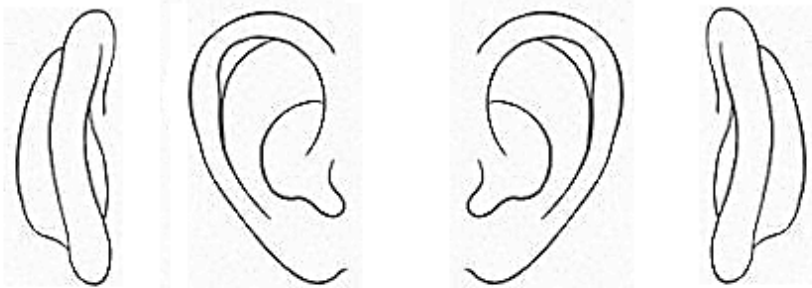
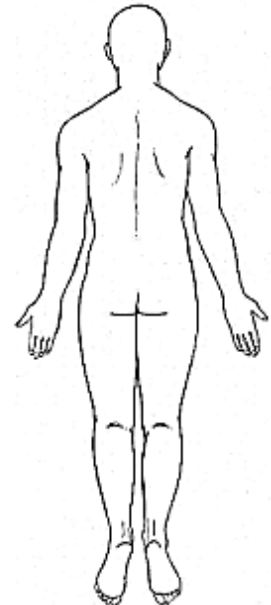
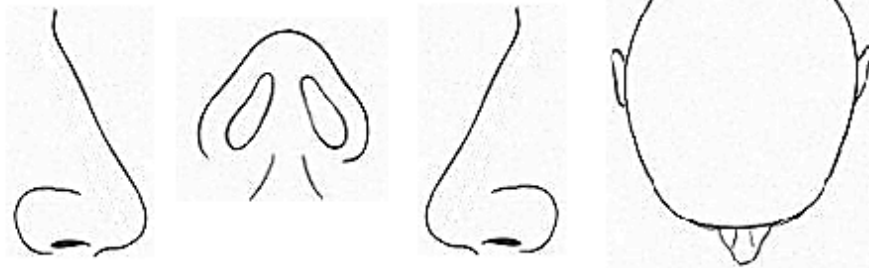
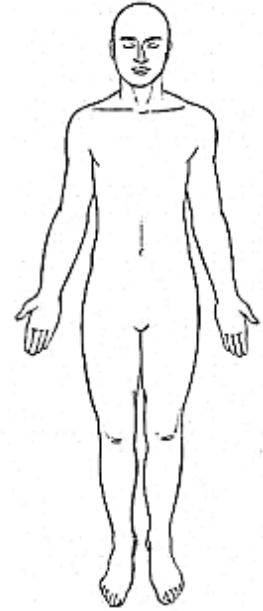
Example:

#	Site	Dx	Size
A			
B			
C			



Comments:

Rev. 10/12/2018



(back of R ear)

(R ear)

(L ear)

(back of L ear)