

Silver Falls Dermatology
Dermatology and Allergy Consult Request Form

Phone 503.362.8385

Toll Free 1.866.599.3376

Fax Number: 503.362.8435

Patient Information

Patient's Name _____

DOB ____/____/____ **Patient's Home Phone** _____

Contact Person if other than patient _____

Patient's Insurance Name** _____

Policy No. _____

Reason for visit _____

URGENT **ROUTINE**

Referring Clinic Information

Provider Requesting Consult _____

Office Phone _____

Office Fax _____

AUTHORIZED SIGNATURE (REQUIRED) _____

Please Check Preferred Location – Providers Dependent on Location

OREGON

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> ALBANY | <input type="checkbox"/> MCMINNVILLE |
| <input type="checkbox"/> ASTORIA | <input type="checkbox"/> MILWAUKIE |
| <input type="checkbox"/> COOS BAY | <input type="checkbox"/> NEWPORT |
| <input type="checkbox"/> CORVALLIS | <input type="checkbox"/> PENDLETON |
| <input type="checkbox"/> EUGENE | <input type="checkbox"/> PORTLAND |
| <input type="checkbox"/> GRESHAM | <input type="checkbox"/> SALEM |
| <input type="checkbox"/> LINCOLN CITY | <input type="checkbox"/> SEASIDE |
| <input type="checkbox"/> MEDFORD | <input type="checkbox"/> SHERWOOD |
| | <input type="checkbox"/> WOODBURN |

WASHINGTON

- ABERDEEN
- BELLEVUE
- CHEHALIS
- ELMA
- FEDERAL WAY
- ISSAQUAH
- LONGVIEW
- OLYMPIA
- PORT ANGELES
- SHELTON
- VANCOUVER

Along with this form, please fax a copy of patient demographics, copy of insurance card, recent chart notes pertaining to the visit, plus any lab/path reports to the number above.

****Please also include if applicable: all necessary referral info including consult, diagnostics, surgery, referral number, and number of visits. ****